Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PARK PLACE NURSING FACILITY**
Prvdr ID: **00002164A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.98%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.76	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6386	1.4173
Quarterly Medicaid CMI:	1.5524	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5834	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$17,668,746	$9,064,837	$0	$1,647,818	$752,060	$524,571	$4,220,486		$1,458,974	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($2,314,749)	($543,930)	$0	$0	($4,246)	($28,270)	($1,652,999)		($85,304)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$510,297		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$84,823
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$15,949,117	$8,520,907	$0	$1,647,818	$747,814	$496,301	$2,567,487	$510,297	$1,373,670	$84,823
8	Total Nursing Facility Days As Filed Days = 57,805	FY24 Audited C/R Days	57,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,805	FY24 GL-PL Ins Rpt Days								57,805		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$275.92	$147.41	$0.00	$28.51	$21.52	*(with L&H)*	$44.42	$8.83	$23.76	$1.47
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6386**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$89.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.96	$0.00	$28.51	$21.52		$44.42	$8.83	$23.76	$1.47
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$203.70	$89.96	$0.00	$28.51	$21.52		$39.61	$8.83	13.80 *(FRV)*	$1.47
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$203.70	$89.96	$0.00	$28.51	$21.52	$0.00	$39.61	$8.83	$13.80	$1.47
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5834**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$256.18	$142.44	$0.00	$28.51	$21.52	$0.00	$39.61	$8.83	$13.80	$1.47
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.42	$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.12	$7.12								
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	$26.80	$9.07	$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	**$282.98**	**$151.51**	**$0.00**	**$28.73**	**$21.93**	**$0.00**	**$56.71**	**$8.83**	**$13.80**	**$1.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$199.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **NEWNAN HEALTH AND REHABILITATION**
Prvdr ID: **00040719A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.21%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.59	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3090	1.4173
Quarterly Medicaid CMI:	1.2553	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2804	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,467,248	$4,177,198	$0	$832,377	$454,297	$528,314	$1,248,299		$226,763	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($85,307)	($2,005)	$0	$0	($687)	($799)	($58,515)		($23,301)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$81,120		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$23,265
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,486,326	$4,175,193	$0	$832,377	$453,610	$527,515	$1,189,784	$81,120	$203,462	$23,265
8	Total Nursing Facility Days As Filed Days = 29,407	FY24 Audited C/R Days	29,407									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,407	FY24 GL-PL Ins Rpt Days								29,407		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$254.58	$141.98	$0.00	$28.31	$33.36	*(with L&H)*	$40.46	$2.76	$6.92	$0.79
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3090**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$108.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.47	$0.00	$28.31	$33.36		$40.46	$2.76	$6.92	$0.79
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$229.91	$108.47	$0.00	$28.31	$33.36		$39.61	$2.76	16.61 *(FRV)*	$0.79
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$229.91	$108.47	$0.00	$28.31	$33.36	$0.00	$39.61	$2.76	$16.61	$0.79
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2804**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$138.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$260.32	$138.88	$0.00	$28.31	$33.36	$0.00	$39.61	$2.76	$16.61	$0.79
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.39	$1.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.94	$6.94								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.59	$8.86	$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	**$286.91**	**$147.74**	**$0.00**	**$28.53**	**$33.77**	**$0.00**	**$56.71**	**$2.76**	**$16.61**	**$0.79**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.36**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RIVERVIEW HEALTH & REHAB CTR**
Prvdr ID: **00040741A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.97%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.02	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4444	1.4173
Quarterly Medicaid CMI:	1.5594	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5906	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$17,388,633	$9,276,441	$0	$1,647,888	$1,001,558	$722,462	$3,015,158		$1,725,126	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($862,537)	($253,366)	$0	$0	$0	$0	($534,354)		($74,817)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$711,388		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$135,459
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$17,372,943	$9,023,075	$0	$1,647,888	$1,001,558	$722,462	$2,480,804	$711,388	$1,650,309	$135,459
8	Total Nursing Facility Days As Filed Days = 57,171	FY24 Audited C/R Days	57,171									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,171	FY24 GL-PL Ins Rpt Days								57,171		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$303.88	$157.83	$0.00	$28.82	$30.16	*(with L&H)*	$43.39	$12.44	$28.87	$2.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4444**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$109.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$109.27	$0.00	$28.82	$30.16		$43.39	$12.44	$28.87	$2.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$259.21	$109.27	$0.00	$28.82	$30.16		$39.61	$12.44	36.54 *(FRV)*	$2.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$259.21	$109.27	$0.00	$28.82	$30.16	$0.00	$39.61	$12.44	$36.54	$2.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5906**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$173.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$323.74	$173.80	$0.00	$28.82	$30.16	$0.00	$39.61	$12.44	$36.54	$2.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$5.21	$5.21								
23	Nursing Home Provider Fee	(Fixed Amount)	$0.00						$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$6.37	$5.74	$0.00	$0.22	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$330.11**	**$179.54**	**$0.00**	**$29.04**	**$30.57**	**$0.00**	**$39.61**	**$12.44**	**$36.54**	**$2.37**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$247.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE WILLIAM BREMAN JEWISH HOME**
Prvdr ID: **00040752A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.67%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.20	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4224	1.4173
Quarterly Medicaid CMI:	1.2610	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.2862	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,934,120	$7,353,991	$0	$1,541,543	$920,355	$849,024	$1,377,986		$891,221	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($484,983)	($116,730)	$0	$0	$0	$2,188	($312,963)		($57,478)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$377,672		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$57,478
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,884,287	$7,237,261	$0	$1,541,543	$920,355	$851,212	$1,065,023	$377,672	$833,743	$57,478
8	Total Nursing Facility Days As Filed Days = 31,312	FY24 Audited C/R Days	31,312									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,312	FY24 GL-PL Ins Rpt Days								31,312		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$411.48	$231.13	$0.00	$49.23	$56.58	*(with L&H)*	$34.01	$12.06	$26.63	$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4224**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$162.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$162.49	$0.00	$49.23	$56.58		$34.01	$12.06	$26.63	$1.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$267.23	$121.00	$0.00	$31.73	$35.91		$34.01	$12.06	30.68 *(FRV)*	$1.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$267.23	$121.00	$0.00	$31.73	$35.91	$0.00	$34.01	$12.06	$30.68	$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2862**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$155.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$301.86	$155.63	$0.00	$31.73	$35.91	$0.00	$34.01	$12.06	$30.68	$1.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.37	$0.00	$0.00	$0.00	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.56	$1.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.67	$4.67								
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	$23.70	$6.23	$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	**$325.56**	**$161.86**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$51.48**	**$12.06**	**$30.68**	**$1.84**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$231.35**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BUCKHEAD CENTER FOR NURSING AND HEALING**
Prvdr ID: **00040763A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.31%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.66	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4578	1.4173
Quarterly Medicaid CMI:	1.5955	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6274	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,136,038	$5,805,941	$0	$792,218	$513,862	$681,782	$1,972,521		$3,369,714	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($657,220)	($203,921)	$0	$215	($5,364)	($19,130)	($133,462)		($295,558)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$274,413		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$292,472
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,045,703	$5,602,020	$0	$792,433	$508,498	$662,652	$1,839,059	$274,413	$3,074,156	$292,472
8	Total Nursing Facility Days As Filed Days = 44,952	FY24 Audited C/R Days	44,952									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,952	FY24 GL-PL Ins Rpt Days								44,952		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$290.21	$124.62	$0.00	$17.63	$26.05	*(with L&H)*	$40.91	$6.10	$68.39	$6.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4578**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$85.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.49	$0.00	$17.63	$26.05		$40.91	$6.10	$68.39	$6.51
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.70	$85.49	$0.00	$17.63	$26.05		$39.61	$6.10	13.31 *(FRV)*	$6.51
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$194.70	$85.49	$0.00	$17.63	$26.05	$0.00	$39.61	$6.10	$13.31	$6.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6274**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$139.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.34	$139.13	$0.00	$17.63	$26.05	$0.00	$39.61	$6.10	$13.31	$6.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.39	$1.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.96	$6.96								
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	$26.61	$8.88	$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	**$274.95**	**$148.01**	**$0.00**	**$17.85**	**$26.46**	**$0.00**	**$56.71**	**$6.10**	**$13.31**	**$6.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.39**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MAGNOLIA MANOR METHODIST NSG C**
Prvdr ID: **00040785A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.09%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.63	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6534	1.4173
Quarterly Medicaid CMI:	1.5114	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5416	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,501,142	$6,609,922	$0	$1,411,668	$655,249	$1,072,196	$2,541,410		$1,210,697	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($433,935)	($6,073)	$0	$0	$4,340	$7,099	($228,385)		($210,916)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$313,694		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$212,313
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,593,214	$6,603,849	$0	$1,411,668	$659,589	$1,079,295	$2,313,025	$313,694	$999,781	$212,313
8	Total Nursing Facility Days As Filed Days = 44,760	FY24 Audited C/R Days	44,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,760	FY24 GL-PL Ins Rpt Days								44,760		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$303.70	$147.54	$0.00	$31.54	$38.85	*(with L&H)*	$51.68	$7.01	$22.34	$4.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6534**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$89.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.23	$0.00	$31.54	$38.85		$51.68	$7.01	$22.34	$4.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$245.04	$89.23	$0.00	$31.54	$35.91		$39.61	$7.01	37.00 *(FRV)*	$4.74
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$245.04	$89.23	$0.00	$31.54	$35.91	$0.00	$39.61	$7.01	$37.00	$4.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5416**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$293.37	$137.56	$0.00	$31.54	$35.91	$0.00	$39.61	$7.01	$37.00	$4.74
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.67	$0.53	$0.00	$0.14	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.44	$3.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.50	$5.50								
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	$9.61	$9.47	$0.00	$0.14	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$302.98**	**$147.03**	**$0.00**	**$31.68**	**$35.91**	**$0.00**	**$39.61**	**$7.01**	**$37.00**	**$4.74**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$227.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PINE VIEW NURSING AND REHAB CENTER**
Prvdr ID: **00040796A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.29%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.72	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4219	1.4173
Quarterly Medicaid CMI:	1.5084	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5386	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,427,505	$4,497,183	$0	$675,314	$491,287	$230,473	$1,430,438		$102,810	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($510,845)	($109,093)	$0	($7,082)	$0	($15,091)	($317,018)		($62,561)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$256,806		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$62,561
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,236,027	$4,388,090	$0	$668,232	$491,287	$215,382	$1,113,420	$256,806	$40,249	$62,561
8	Total Nursing Facility Days As Filed Days = 37,055	FY24 Audited C/R Days	37,055									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,055	FY24 GL-PL Ins Rpt Days								37,055		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$195.28	$118.42	$0.00	$18.03	$19.07	*(with L&H)*	$30.05	$6.93	$1.09	$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4219**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$83.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.28	$0.00	$18.03	$19.07		$30.05	$6.93	$1.09	$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$170.06	$83.28	$0.00	$18.03	$19.07		$30.05	$6.93	11.01 *(FRV)*	$1.69
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$170.06	$83.28	$0.00	$18.03	$19.07	$0.00	$30.05	$6.93	$11.01	$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5386**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$128.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$214.91	$128.13	$0.00	$18.03	$19.07	$0.00	$30.05	$6.93	$11.01	$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.28	$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.69	$7.69								
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	$27.60	$9.50	$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	**$242.51**	**$137.63**	**$0.00**	**$18.25**	**$19.48**	**$0.00**	**$47.52**	**$6.93**	**$11.01**	**$1.69**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$169.06**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **TWIN CITY TRAILS OF JOURNEY LLC**
Prvdr ID: **00040807A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.25%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5872	1.4173
Quarterly Medicaid CMI:	1.7041	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7381	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,680,729	$2,704,264	$0	$506,174	$302,285	$241,001	$1,255,601		$671,404	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($114,862)	($15,318)	$0	($16,421)	$0	$0	($39,426)		($43,697)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$38,999		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$43,697
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,648,563	$2,688,946	$0	$489,753	$302,285	$241,001	$1,216,175	$38,999	$627,707	$43,697
8	Total Nursing Facility Days As Filed Days = 28,554	FY24 Audited C/R Days	28,554									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,554	FY24 GL-PL Ins Rpt Days								28,554		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$197.82	$94.17	$0.00	$17.15	$19.03	*(with L&H)*	$42.59	$1.37	$21.98	$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5872**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$59.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$59.33	$0.00	$17.15	$19.03		$42.59	$1.37	$21.98	$1.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$149.42	$59.33	$0.00	$17.15	$19.03		$39.61	$1.37	11.40 *(FRV)*	$1.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$149.42	$59.33	$0.00	$17.15	$19.03	$0.00	$39.61	$1.37	$11.40	$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7381**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$103.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$193.21	$103.12	$0.00	$17.15	$19.03	$0.00	$39.61	$1.37	$11.40	$1.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$2.58	$2.58								
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	$23.93	$6.20	$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	**$217.14**	**$109.32**	**$0.00**	**$17.37**	**$19.44**	**$0.00**	**$56.71**	**$1.37**	**$11.40**	**$1.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$150.03**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **A.G. RHODES HOME WESLEY WOODS**
Prvdr ID: **00040818A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.37%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.61	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5188	1.4173
Quarterly Medicaid CMI:	1.5268	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5574	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$15,971,956	$9,245,126	$0	$1,561,005	$729,539	$793,040	$3,148,392		$494,854	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($426,371)	$0	$0	$0	$20,385	$22,160	($403,910)		($65,006)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$403,910		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$66,822
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$16,016,317	$9,245,126	$0	$1,561,005	$749,924	$815,200	$2,744,482	$403,910	$429,848	$66,822
8	Total Nursing Facility Days As Filed Days = 48,587	FY24 Audited C/R Days	48,587									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,587	FY24 GL-PL Ins Rpt Days								48,587		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$329.65	$190.28	$0.00	$32.13	$32.21	*(with L&H)*	$56.49	$8.31	$8.85	$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5188**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$125.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$125.29	$0.00	$32.13	$32.21		$56.49	$8.31	$8.85	$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$254.33	$121.00	$0.00	$31.73	$32.21		$39.61	$8.31	20.09 *(FRV)*	$1.38
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$254.33	$121.00	$0.00	$31.73	$32.21	$0.00	$39.61	$8.31	$20.09	$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5574**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$188.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$321.78	$188.45	$0.00	$31.73	$32.21	$0.00	$39.61	$8.31	$20.09	$1.38
	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	$10.36	$10.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.42	$9.42								
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	$37.29	$19.78	$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	**$359.07**	**$208.23**	**$0.00**	**$31.73**	**$32.62**	**$0.00**	**$56.71**	**$8.31**	**$20.09**	**$1.38**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$256.48**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - AUSTELL**
Prvdr ID: **00059276A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.85%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.83	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5220	1.4173
Quarterly Medicaid CMI:	1.4639	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4932	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,626,591	$6,227,684	$0	$961,684	$575,537	$878,924	$1,654,830		$327,932	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($562,110)	($230,862)	$0	($390)	$1,019	$15,502	($257,251)		($90,128)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$448,778		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$77,915
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,591,174	$5,996,822	$0	$961,294	$576,556	$894,426	$1,397,579	$448,778	$237,804	$77,915
8	Total Nursing Facility Days As Filed Days = 41,437	FY24 Audited C/R Days	41,789									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,437	FY24 GL-PL Ins Rpt Days								41,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$253.43	$143.50	$0.00	$23.00	$35.20	*(with L&H)*	$33.44	$10.74	$5.69	$1.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5220**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$94.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.29	$0.00	$23.00	$35.20		$33.44	$10.74	$5.69	$1.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$214.64	$94.29	$0.00	$23.00	$35.20		$33.44	$10.74	16.11 *(FRV)*	$1.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$214.64	$94.29	$0.00	$23.00	$35.20	$0.00	$33.44	$10.74	$16.11	$1.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4932**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$140.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$261.14	$140.79	$0.00	$23.00	$35.20	$0.00	$33.44	$10.74	$16.11	$1.86
	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	$1.41	$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.63	$5.63								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.67	$7.57	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$286.81**	**$148.36**	**$0.00**	**$23.22**	**$35.61**	**$0.00**	**$50.91**	**$10.74**	**$16.11**	**$1.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.28**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **NORTHRIDGE HEALTH AND REHABILITATION**
Prvdr ID: **00059331A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.27%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.42	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2218	1.4173
Quarterly Medicaid CMI:	1.2841	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3097	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,813,725	$3,763,370	$0	$924,523	$449,383	$646,755	$906,258		$1,123,436	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	$432,739	$0	$0	$0	($721)	($1,039)	$498,634		($64,135)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$88,140		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$64,033
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,398,637	$3,763,370	$0	$924,523	$448,662	$645,716	$1,404,892	$88,140	$1,059,301	$64,033
8	Total Nursing Facility Days As Filed Days = 32,708	FY24 Audited C/R Days	32,708									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,708	FY24 GL-PL Ins Rpt Days								32,708		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$256.78	$115.06	$0.00	$28.27	$33.46	*(with L&H)*	$42.95	$2.69	$32.39	$1.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2218**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$94.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.17	$0.00	$28.27	$33.46		$42.95	$2.69	$32.39	$1.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$227.79	$94.17	$0.00	$28.27	$33.46		$39.61	$2.69	27.63 *(FRV)*	$1.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$227.79	$94.17	$0.00	$28.27	$33.46	$0.00	$39.61	$2.69	$27.63	$1.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3097**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$123.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$256.95	$123.33	$0.00	$28.27	$33.46	$0.00	$39.61	$2.69	$27.63	$1.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.23	$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.17	$6.17								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.66	$7.93	$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	**$282.61**	**$131.26**	**$0.00**	**$28.49**	**$33.87**	**$0.00**	**$56.71**	**$2.69**	**$27.63**	**$1.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$199.13**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE BELL MINOR HOME**
Prvdr ID: **00059397A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.30%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.56	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3588	1.4173
Quarterly Medicaid CMI:	1.4308	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4594	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,645,555	$4,380,477	$0	$682,621	$284,005	$377,524	$1,884,440		$1,036,488	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($982,831)	$23,463	$0	$8,727	$0	($47,698)	($877,243)		($90,080)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$323,774		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$90,080
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,076,578	$4,403,940	$0	$691,348	$284,005	$329,826	$1,007,197	$323,774	$946,408	$90,080
8	Total Nursing Facility Days As Filed Days = 35,404	FY24 Audited C/R Days	35,404									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,404	FY24 GL-PL Ins Rpt Days								35,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.13	$124.39	$0.00	$19.53	$17.34	*(with L&H)*	$28.45	$9.15	$26.73	$2.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3588**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.55	$0.00	$19.53	$17.34		$28.45	$9.15	$26.73	$2.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.06	$91.55	$0.00	$19.53	$17.34		$28.45	$9.15	16.50 *(FRV)*	$2.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$185.06	$91.55	$0.00	$19.53	$17.34	$0.00	$28.45	$9.15	$16.50	$2.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4594**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$133.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.12	$133.61	$0.00	$19.53	$17.34	$0.00	$28.45	$9.15	$16.50	$2.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.34	$3.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.01	$4.01								
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	$25.98	$7.88	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$253.10**	**$141.49**	**$0.00**	**$19.75**	**$17.75**	**$0.00**	**$45.92**	**$9.15**	**$16.50**	**$2.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.00**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **AZALEA HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00059441A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.05	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6511	1.4173
Quarterly Medicaid CMI:	1.9433	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.9822	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,261,588	$3,860,267	$0	$658,004	$387,876	$364,970	$1,313,530		$1,676,941	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($488,767)	($203,818)	$0	$0	$0	($308)	($224,286)		($60,355)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$146,748		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$60,355
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,979,924	$3,656,449	$0	$658,004	$387,876	$364,662	$1,089,244	$146,748	$1,616,586	$60,355
8	Total Nursing Facility Days As Filed Days = 32,094	FY24 Audited C/R Days	32,094									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,094	FY24 GL-PL Ins Rpt Days								32,094		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$248.64	$113.93	$0.00	$20.50	$23.45	*(with L&H)*	$33.94	$4.57	$50.37	$1.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6511**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$69.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$69.00	$0.00	$20.50	$23.45		$33.94	$4.57	$50.37	$1.88
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$170.15	$69.00	$0.00	$20.50	$23.45		$33.94	$4.57	16.81 *(FRV)*	$1.88
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$170.15	$69.00	$0.00	$20.50	$23.45	$0.00	$33.94	$4.57	$16.81	$1.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9822**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$136.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$237.92	$136.77	$0.00	$20.50	$23.45	$0.00	$33.94	$4.57	$16.81	$1.88
	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	$3.42	$3.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.47	$5.47								
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	$27.52	$9.42	$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	**$265.44**	**$146.19**	**$0.00**	**$20.72**	**$23.86**	**$0.00**	**$51.41**	**$4.57**	**$16.81**	**$1.88**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$186.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARBORVIEW DECATUR**
Prvdr ID: **00059452A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.94	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4993	1.4173
Quarterly Medicaid CMI:	1.9356	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.9743	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,139,879	$2,638,473	$0	$535,628	$343,409	$275,176	$1,100,507		$1,246,686	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($272,343)	($126,215)	$0	$0	$0	($535)	($78,297)		($67,296)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$108,208		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$67,296
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,043,040	$2,512,258	$0	$535,628	$343,409	$274,641	$1,022,210	$108,208	$1,179,390	$67,296
8	Total Nursing Facility Days As Filed Days = 24,827	FY24 Audited C/R Days	24,827									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,827	FY24 GL-PL Ins Rpt Days								24,827		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$243.39	$101.19	$0.00	$21.57	$24.89	*(with L&H)*	$41.17	$4.36	$47.50	$2.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4993**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$67.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$67.49	$0.00	$21.57	$24.89		$41.17	$4.36	$47.50	$2.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$173.53	$67.49	$0.00	$21.57	$24.89		$39.61	$4.36	12.90 *(FRV)*	$2.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$173.53	$67.49	$0.00	$21.57	$24.89	$0.00	$39.61	$4.36	$12.90	$2.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9743**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$133.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$239.29	$133.25	$0.00	$21.57	$24.89	$0.00	$39.61	$4.36	$12.90	$2.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.33	$3.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.33	$5.33								
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	$26.92	$9.19	$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	**$266.21**	**$142.44**	**$0.00**	**$21.79**	**$25.30**	**$0.00**	**$56.71**	**$4.36**	**$12.90**	**$2.71**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$186.83**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - AUGUSTA**
Prvdr ID: **00059463A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.78	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4263	1.4173
Quarterly Medicaid CMI:	1.6065	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6387	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,038,671	$4,626,021	$0	$799,525	$441,230	$622,121	$1,352,200		$197,574	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($403,956)	($160,492)	$0	$1,867	$19,501	($10,443)	($227,817)		($26,572)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$361,795		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$41,357
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,037,867	$4,465,529	$0	$801,392	$460,731	$611,678	$1,124,383	$361,795	$171,002	$41,357
8	Total Nursing Facility Days As Filed Days = 33,717	FY24 Audited C/R Days	33,717									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,717	FY24 GL-PL Ins Rpt Days								33,717		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$238.40	$132.44	$0.00	$23.77	$31.81	*(with L&H)*	$33.35	$10.73	$5.07	$1.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4263**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$92.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.86	$0.00	$23.77	$31.81		$33.35	$10.73	$5.07	$1.23
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$206.39	$92.86	$0.00	$23.77	$31.81		$33.35	$10.73	12.64 *(FRV)*	$1.23
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$206.39	$92.86	$0.00	$23.77	$31.81	$0.00	$33.35	$10.73	$12.64	$1.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6387**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$152.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.70	$152.17	$0.00	$23.77	$31.81	$0.00	$33.35	$10.73	$12.64	$1.23
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.80	$3.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.61	$7.61								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$30.04	$11.94	$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	**$295.74**	**$164.11**	**$0.00**	**$23.99**	**$32.22**	**$0.00**	**$50.82**	**$10.73**	**$12.64**	**$1.23**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$208.98**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BOLINGREEN HEALTH AND REHABILITATION**
Prvdr ID: **00059485A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.33%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3337	1.4173
Quarterly Medicaid CMI:	1.3092	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3354	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,460,832	$3,617,555	$0	$639,313	$383,566	$456,731	$1,252,093		$111,574	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($97,470)	$0	$0	$0	$0	$0	($79,294)		($18,176)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$82,420		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$18,176
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,463,958	$3,617,555	$0	$639,313	$383,566	$456,731	$1,172,799	$82,420	$93,398	$18,176
8	Total Nursing Facility Days As Filed Days = 26,603	FY24 Audited C/R Days	26,603									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,603	FY24 GL-PL Ins Rpt Days								26,603		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$242.98	$135.98	$0.00	$24.03	$31.59	*(with L&H)*	$44.09	$3.10	$3.51	$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3337**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$101.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.96	$0.00	$24.03	$31.59		$44.09	$3.10	$3.51	$0.68
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$216.43	$101.96	$0.00	$24.03	$31.59		$39.61	$3.10	15.46 *(FRV)*	$0.68
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$216.43	$101.96	$0.00	$24.03	$31.59	$0.00	$39.61	$3.10	$15.46	$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3354**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$136.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$250.63	$136.16	$0.00	$24.03	$31.59	$0.00	$39.61	$3.10	$15.46	$0.68
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.36	$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.45	$5.45								
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	$25.07	$7.34	$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	**$275.70**	**$143.50**	**$0.00**	**$24.25**	**$32.00**	**$0.00**	**$56.71**	**$3.10**	**$15.46**	**$0.68**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.95**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BROWN HEALTH AND REHABILITATION**
Prvdr ID: **00059562A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3453	1.4173
Quarterly Medicaid CMI:	1.5091	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5393	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,016,299	$4,362,836	$0	$921,349	$500,388	$499,237	$1,413,191		$319,298	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($115,841)	$0	$0	$0	$0	$0	($78,000)		($37,841)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$37,841
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,016,299	$4,362,836	$0	$921,349	$500,388	$499,237	$1,335,191	$78,000	$281,457	$37,841
8	Total Nursing Facility Days As Filed Days = 31,828	FY24 Audited C/R Days	31,828									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,828	FY24 GL-PL Ins Rpt Days								31,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$251.87	$137.08	$0.00	$28.95	$31.41	*(with L&H)*	$41.95	$2.45	$8.84	$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3453**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$101.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.89	$0.00	$28.95	$31.41		$41.95	$2.45	$8.84	$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$228.38	$101.89	$0.00	$28.95	$31.41		$39.61	$2.45	22.88 *(FRV)*	$1.19
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$228.38	$101.89	$0.00	$28.95	$31.41	$0.00	$39.61	$2.45	$22.88	$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5393**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$156.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$283.33	$156.84	$0.00	$28.95	$31.41	$0.00	$39.61	$2.45	$22.88	$1.19
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.92	$3.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.41	$9.41								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$31.59	$13.86	$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	**$314.92**	**$170.70**	**$0.00**	**$29.17**	**$31.82**	**$0.00**	**$56.71**	**$2.45**	**$22.88**	**$1.19**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$223.37**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CARROLLTON CROSSING OF JOURNEY LLC**
Prvdr ID: **00059661A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.37%	1.0%
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:	1.3321	1.4173
Quarterly Medicaid CMI:	1.1968	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2208	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,544,944	$4,788,886	$0	$844,671	$384,573	$426,260	$1,469,976		$1,630,578	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($131,978)	($278,196)	$0	$0	$0	$11,189	$215,016		($79,987)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$40,930		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$79,987
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,533,883	$4,510,690	$0	$844,671	$384,573	$437,449	$1,684,992	$40,930	$1,550,591	$79,987
8	Total Nursing Facility Days As Filed Days = 40,909	FY24 Audited C/R Days	40,909									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,909	FY24 GL-PL Ins Rpt Days								40,909		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.05	$110.26	$0.00	$20.65	$20.09	*(with L&H)*	$41.19	$1.00	$37.90	$1.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3321**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.77	$0.00	$20.65	$20.09		$41.19	$1.00	$37.90	$1.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$176.53	$82.77	$0.00	$20.65	$20.09		$39.61	$1.00	10.45 *(FRV)*	$1.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$176.53	$82.77	$0.00	$20.65	$20.09	$0.00	$39.61	$1.00	$10.45	$1.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2208**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$194.81	$101.05	$0.00	$20.65	$20.09	$0.00	$39.61	$1.00	$10.45	$1.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.01	$1.01								
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)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.30	$4.57	$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	**$217.11**	**$105.62**	**$0.00**	**$20.87**	**$20.50**	**$0.00**	**$56.71**	**$1.00**	**$10.45**	**$1.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$150.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CHAPLINWOOD NURSING HOME**
Prvdr ID: **00059694A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.95%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.38	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3880	1.4173
Quarterly Medicaid CMI:	1.4276	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4561	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,845,658	$3,968,420	$0	$777,865	$411,762	$520,389	$1,274,477		$892,745	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($133,501)	$0	$0	$0	$709	$897	($95,786)		($39,321)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$39,389
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,829,546	$3,968,420	$0	$777,865	$412,471	$521,286	$1,178,691	$78,000	$853,424	$39,389
8	Total Nursing Facility Days As Filed Days = 30,188	FY24 Audited C/R Days	30,188									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,188	FY24 GL-PL Ins Rpt Days								30,188		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$259.36	$131.46	$0.00	$25.77	$30.93	*(with L&H)*	$39.05	$2.58	$28.27	$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3880**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$94.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.72	$0.00	$25.77	$30.93		$39.05	$2.58	$28.27	$1.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.55	$94.72	$0.00	$25.77	$30.93		$39.05	$2.58	14.20 *(FRV)*	$1.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$208.55	$94.72	$0.00	$25.77	$30.93	$0.00	$39.05	$2.58	$14.20	$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4561**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.75	$137.92	$0.00	$25.77	$30.93	$0.00	$39.05	$2.58	$14.20	$1.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.90	$6.90								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.53	$7.43	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$277.28**	**$145.35**	**$0.00**	**$25.99**	**$31.34**	**$0.00**	**$56.52**	**$2.58**	**$14.20**	**$1.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.14**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HAZELHURST COURT CARE AND REHABILITATION CENTER**
Prvdr ID: **00059705A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	8.82%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.87	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3599	1.4173
Quarterly Medicaid CMI:	1.3168	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3431	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,168,575	$2,181,868	$0	$418,520	$197,498	$203,203	$652,573		$514,913	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($98,194)	($32,511)	$0	$0	$0	$0	($46,131)		($19,552)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$52,230		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$19,552
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,142,163	$2,149,357	$0	$418,520	$197,498	$203,203	$606,442	$52,230	$495,361	$19,552
8	Total Nursing Facility Days As Filed Days = 21,778	FY24 Audited C/R Days	21,778									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,778	FY24 GL-PL Ins Rpt Days								21,778		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$190.21	$98.69	$0.00	$19.22	$18.40	*(with L&H)*	$27.85	$2.40	$22.75	$0.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3599**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$72.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.57	$0.00	$19.22	$18.40		$27.85	$2.40	$22.75	$0.90
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$150.33	$72.57	$0.00	$19.22	$18.40		$27.85	$2.40	8.99 *(FRV)*	$0.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$150.33	$72.57	$0.00	$19.22	$18.40	$0.00	$27.85	$2.40	$8.99	$0.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3431**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$97.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$175.23	$97.47	$0.00	$19.22	$18.40	$0.00	$27.85	$2.40	$8.99	$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	$2.92	$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.55	$3.45	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$196.78**	**$100.92**	**$0.00**	**$19.44**	**$18.81**	**$0.00**	**$45.32**	**$2.40**	**$8.99**	**$0.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.76**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SOUTHWELL HEALTH AND REHABILITATION**
Prvdr ID: **00059826A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	41.82%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.42	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3996	1.4173
Quarterly Medicaid CMI:	1.3862	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4139	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,415,158	$5,520,016	$0	$997,276	$344,635	$517,068	$830,549		$1,205,614	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($16,146)	$0	$0	($47,448)	$0	$0	$38,821		($7,519)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$8,627		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$7,519
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,415,158	$5,520,016	$0	$949,828	$344,635	$517,068	$869,370	$8,627	$1,198,095	$7,519
8	Total Nursing Facility Days As Filed Days = 31,031	FY24 Audited C/R Days	31,031									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,031	FY24 GL-PL Ins Rpt Days								31,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$303.42	$177.89	$0.00	$30.61	$27.77	*(with L&H)*	$28.02	$0.28	$38.61	$0.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3996**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$127.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$127.10	$0.00	$30.61	$27.77		$28.02	$0.28	$38.61	$0.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$238.47	$121.00	$0.00	$30.61	$27.77		$28.02	$0.28	30.55 *(FRV)*	$0.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$238.47	$121.00	$0.00	$30.61	$27.77	$0.00	$28.02	$0.28	$30.55	$0.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4139**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$171.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$288.55	$171.08	$0.00	$30.61	$27.77	$0.00	$28.02	$0.28	$30.55	$0.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.00	$0.00	$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	$4.28	$4.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.13	$5.13								
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	$27.51	$9.41	$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	**$316.06**	**$180.49**	**$0.00**	**$30.83**	**$28.18**	**$0.00**	**$45.49**	**$0.28**	**$30.55**	**$0.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$224.22**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CORDELE HEALTH AND REHABILITATION**
Prvdr ID: **00059892A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.65%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.96	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3554	1.4173
Quarterly Medicaid CMI:	1.4267	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4552	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,730,365	$3,726,370	$0	$658,147	$230,572	$170,648	$1,355,254		$589,374	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($255,659)	($7,991)	$0	($11,551)	$0	$0	($234,655)		($1,462)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$1,462
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,476,168	$3,718,379	$0	$646,596	$230,572	$170,648	$1,120,599	$0	$587,912	$1,462
8	Total Nursing Facility Days As Filed Days = 23,483	FY24 Audited C/R Days	23,483									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,483	FY24 GL-PL Ins Rpt Days								23,483		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$275.78	$158.34	$0.00	$27.53	$17.09	*(with L&H)*	$47.72	$0.00	$25.04	$0.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3554**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$116.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$116.82	$0.00	$27.53	$17.09		$47.72	$0.00	$25.04	$0.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$212.78	$116.82	$0.00	$27.53	$17.09		$39.61	$0.00	11.67 *(FRV)*	$0.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$212.78	$116.82	$0.00	$27.53	$17.09	$0.00	$39.61	$0.00	$11.67	$0.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4552**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$170.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.96	$170.00	$0.00	$27.53	$17.09	$0.00	$39.61	$0.00	$11.67	$0.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$5.10	$5.10								
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	$23.36	$5.63	$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	**$289.32**	**$175.63**	**$0.00**	**$27.75**	**$17.50**	**$0.00**	**$56.71**	**$0.00**	**$11.67**	**$0.06**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **DUBLINAIR HEALTH & REHAB**
Prvdr ID: **00059947A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.21%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.37	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4054	1.4173
Quarterly Medicaid CMI:	1.8382	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.8749	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,062,705	$3,815,260	$0	$744,383	$351,574	$289,960	$1,067,010		$794,518	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($224,632)	($15,139)	$0	($642)	($8,634)	($6,215)	($126,304)		($67,698)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$66,284
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,904,357	$3,800,121	$0	$743,741	$342,940	$283,745	$940,706	$0	$726,820	$66,284
8	Total Nursing Facility Days As Filed Days = 38,563	FY24 Audited C/R Days	38,563									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,563	FY24 GL-PL Ins Rpt Days								38,563		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$179.04	$98.54	$0.00	$19.29	$16.25	*(with L&H)*	$24.39	$0.00	$18.85	$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4054**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$70.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$70.11	$0.00	$19.29	$16.25		$24.39	$0.00	$18.85	$1.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$143.10	$70.11	$0.00	$19.29	$16.25		$24.39	$0.00	11.34 *(FRV)*	$1.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$143.10	$70.11	$0.00	$19.29	$16.25	$0.00	$24.39	$0.00	$11.34	$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8749**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$131.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$204.44	$131.45	$0.00	$19.29	$16.25	$0.00	$24.39	$0.00	$11.34	$1.72
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.29	$3.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.94	$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.86	$7.76	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$230.30**	**$139.21**	**$0.00**	**$19.51**	**$16.66**	**$0.00**	**$41.86**	**$0.00**	**$11.34**	**$1.72**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$159.90**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RIVER TOWNE CENTER**
Prvdr ID: **00082684A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.65%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.80	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.9894	1.4173
Quarterly Medicaid CMI:	2.2385	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.2833	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$14,742,864	$7,821,996	$0	$878,814	$382,779	$451,377	$2,433,126		$2,774,772	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($459,789)	$0	$0	$0	$0	$0	($362,067)		($97,722)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$362,067		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$97,722
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$14,742,864	$7,821,996	$0	$878,814	$382,779	$451,377	$2,071,059	$362,067	$2,677,050	$97,722
8	Total Nursing Facility Days As Filed Days = 42,429	FY24 Audited C/R Days	42,429									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,429	FY24 GL-PL Ins Rpt Days								42,429		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$347.45	$184.35	$0.00	$20.71	$19.66	*(with L&H)*	$48.81	$8.53	$63.09	$2.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.9894**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$92.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.67	$0.00	$20.71	$19.66		$48.81	$8.53	$63.09	$2.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$193.56	$92.67	$0.00	$20.71	$19.66		$39.61	$8.53	10.08 *(FRV)*	$2.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$193.56	$92.67	$0.00	$20.71	$19.66	$0.00	$39.61	$8.53	$10.08	$2.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.2833**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$211.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$312.48	$211.59	$0.00	$20.71	$19.66	$0.00	$39.61	$8.53	$10.08	$2.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$5.29	$5.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.35	$6.35								
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	$29.90	$12.17	$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	**$342.38**	**$223.76**	**$0.00**	**$20.93**	**$20.07**	**$0.00**	**$56.71**	**$8.53**	**$10.08**	**$2.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$243.96**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HEARDMONT HEALTH AND REHABILITATION**
Prvdr ID: **00082981A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	13.89%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.83	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2530	1.4173
Quarterly Medicaid CMI:	1.8039	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.8400	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,220,759	$1,659,312	$0	$385,326	$205,575	$197,139	$575,224		$198,183	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($90,987)	($3,873)	$0	$337	($4,403)	$814	($57,817)		($26,045)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$25,917
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,155,689	$1,655,439	$0	$385,663	$201,172	$197,953	$517,407	$0	$172,138	$25,917
8	Total Nursing Facility Days As Filed Days = 15,970	FY24 Audited C/R Days	15,970									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,970	FY24 GL-PL Ins Rpt Days								15,970		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$197.60	$103.66	$0.00	$24.15	$24.99	*(with L&H)*	$32.40	$0.00	$10.78	$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2530**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.73	$0.00	$24.15	$24.99		$32.40	$0.00	$10.78	$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$176.63	$82.73	$0.00	$24.15	$24.99		$32.40	$0.00	10.74 *(FRV)*	$1.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$176.63	$82.73	$0.00	$24.15	$24.99	$0.00	$32.40	$0.00	$10.74	$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8400**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$152.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$246.12	$152.22	$0.00	$24.15	$24.99	$0.00	$32.40	$0.00	$10.74	$1.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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	$4.57	$4.57								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.20	$5.10	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$269.32**	**$157.32**	**$0.00**	**$24.37**	**$25.40**	**$0.00**	**$49.87**	**$0.00**	**$10.74**	**$1.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **AUTUMN LANE HEALTH AND REHABILITATION**
Prvdr ID: **00082992A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.57%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.61	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3103	1.4173
Quarterly Medicaid CMI:	1.3380	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3648	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,725,322	$3,871,473	$0	$865,566	$487,383	$419,934	$1,364,663		$1,716,303	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($237,503)	$0	$0	$0	$0	$0	($26,335)		($211,168)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$66,300		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$211,168
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,765,287	$3,871,473	$0	$865,566	$487,383	$419,934	$1,338,328	$66,300	$1,505,135	$211,168
8	Total Nursing Facility Days As Filed Days = 30,366	FY24 Audited C/R Days	30,366									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,366	FY24 GL-PL Ins Rpt Days								30,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$288.64	$127.49	$0.00	$28.50	$29.88	*(with L&H)*	$44.07	$2.18	$49.57	$6.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3103**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.30	$0.00	$28.50	$29.88		$44.07	$2.18	$49.57	$6.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$240.74	$97.30	$0.00	$28.50	$29.88		$39.61	$2.18	36.32 *(FRV)*	$6.95
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$240.74	$97.30	$0.00	$28.50	$29.88	$0.00	$39.61	$2.18	$36.32	$6.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3648**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$132.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$276.24	$132.80	$0.00	$28.50	$29.88	$0.00	$39.61	$2.18	$36.32	$6.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.64	$6.64								
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	$24.90	$7.17	$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	**$301.14**	**$139.97**	**$0.00**	**$28.72**	**$30.29**	**$0.00**	**$56.71**	**$2.18**	**$36.32**	**$6.95**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$213.03**									

FINAL

Provider: **TOWER ROAD POST ACUTE, LLC**
Prvdr ID: **00083003A**
H/B ?: No

PDPM Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	25.3%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.24	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6370	1.4173
Quarterly Medicaid PDPM:	1.5715	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6029	1.5391

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	j
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*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2023 GL-PL Rpt		6,400,024		814,868	763,760		2,272,198	53,107	2,761,273	87,403
	Inflation (July 2024) @ 3.20%			204,801		26,076	24,440		72,710			2,797
	Patient Days	FY 2023 Cost Rpt		38,758		38,758	38,758		38,758		38,758	38,758
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days								38,758		
	Inflated NHC/ Patient Days			170.41		21.70	20.34		60.50	1.37	71.24	2.33
	Base Period Facility PDPM for all Residents			**1.6370**								
	Routine Services PDPM Adjusted Net Per Diem			$104.10								
	Net Per Diems After PDPM Adjustments		$281.58	$104.10		$21.70	$20.34		$60.50	$1.37	$71.24	2.33
	Per Diem Standards			$121.00		$31.73	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$202.38	$104.10		$21.70	$20.34		$39.61	$1.37	12.94	2.33
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.00%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$202.39	$104.10		$21.70	$20.34		$39.61	$1.37	$12.94	$2.33
	Quarterly Facility PDPM for Medicaid Residents			**1.6029**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$166.86								
	Quarterly Medicaid PDPMA Allowed Per Diem		$265.15	$166.86		$21.70	$20.34		$39.61	$1.37	$12.94	$2.33
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.16	$0.53		$0.22	$0.41		$0.00			
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		$1.67	1.67								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$3.34	3.34								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$23.27									
	Quarterly PDPM Based Per Diem Rate		**$288.42**	**$172.40**		**$21.92**	**$20.75**		**$56.71**	**$1.37**	**$12.94**	**$2.33**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$203.49**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GREEN ACRES HEALTH AND REHABILITATION**
Prvdr ID: **00083014A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.17%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3358	1.4173
Quarterly Medicaid CMI:	1.4371	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4658	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,884,998	$3,974,196	$0	$905,811	$381,458	$495,859	$1,280,463		$847,211	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($148,670)	$0	$0	$0	$0	$0	($110,505)		($38,165)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$76,440		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$38,165
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,850,933	$3,974,196	$0	$905,811	$381,458	$495,859	$1,169,958	$76,440	$809,046	$38,165
8	Total Nursing Facility Days As Filed Days = 31,678	FY24 Audited C/R Days	31,678									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,678	FY24 GL-PL Ins Rpt Days								31,678		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.82	$125.46	$0.00	$28.59	$27.69	*(with L&H)*	$36.93	$2.41	$25.54	$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3358**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$93.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.92	$0.00	$28.59	$27.69		$36.93	$2.41	$25.54	$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.47	$93.92	$0.00	$28.59	$27.69		$36.93	$2.41	13.73 *(FRV)*	$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$204.47	$93.92	$0.00	$28.59	$27.69	$0.00	$36.93	$2.41	$13.73	$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4658**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.22	$137.67	$0.00	$28.59	$27.69	$0.00	$36.93	$2.41	$13.73	$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$1.38	$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.88	$6.88								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.89	$8.79	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$275.11**	**$146.46**	**$0.00**	**$28.81**	**$28.10**	**$0.00**	**$54.40**	**$2.41**	**$13.73**	**$1.20**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ABERCORN REHABILITATION CENTER**
Prvdr ID: **00083025A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.58%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.03	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3812	1.4173
Quarterly Medicaid CMI:	1.4944	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5243	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,016,913	$4,329,019	$0	$710,061	$251,656	$358,246	$1,328,513		$1,039,418	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($415,716)	$119,020	$0	($3,735)	($4,557)	$9,665	($415,463)		($120,646)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$227,716		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$120,646
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,949,559	$4,448,039	$0	$706,326	$247,099	$367,911	$913,050	$227,716	$918,772	$120,646
8	Total Nursing Facility Days As Filed Days = 33,479	FY24 Audited C/R Days	33,479									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,479	FY24 GL-PL Ins Rpt Days								33,479		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$237.44	$132.86	$0.00	$21.10	$18.37	*(with L&H)*	$27.27	$6.80	$27.44	$3.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3812**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$96.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$96.19	$0.00	$21.10	$18.37		$27.27	$6.80	$27.44	$3.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$186.32	$96.19	$0.00	$21.10	$18.37		$27.27	$6.80	12.99 *(FRV)*	$3.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$186.32	$96.19	$0.00	$21.10	$18.37	$0.00	$27.27	$6.80	$12.99	$3.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5243**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$146.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$236.75	$146.62	$0.00	$21.10	$18.37	$0.00	$27.27	$6.80	$12.99	$3.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.67	$3.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.33	$7.33								
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	$29.63	$11.53	$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	**$266.38**	**$158.15**	**$0.00**	**$21.32**	**$18.78**	**$0.00**	**$44.74**	**$6.80**	**$12.99**	**$3.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$186.96**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **LYNN HAVEN HEALTH AND REHABILITATION**
Prvdr ID: **00083036A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	41.51%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.28	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2978	1.4173
Quarterly Medicaid CMI:	1.3955	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4234	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,758,179	$3,234,712	$0	$718,797	$419,655	$530,708	$1,082,436		$771,871	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($83,933)	$0	$0	$0	$0	$0	($44,706)		($39,227)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$60,060		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$39,227
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,773,533	$3,234,712	$0	$718,797	$419,655	$530,708	$1,037,730	$60,060	$732,644	$39,227
8	Total Nursing Facility Days As Filed Days = 25,649	FY24 Audited C/R Days	25,649									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,649	FY24 GL-PL Ins Rpt Days								25,649		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$264.07	$126.11	$0.00	$28.02	$37.05	*(with L&H)*	$40.46	$2.34	$28.56	$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2978**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.17	$0.00	$28.02	$37.05		$40.46	$2.34	$28.56	$1.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$221.03	$97.17	$0.00	$28.02	$35.91		$39.61	$2.34	16.45 *(FRV)*	$1.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$221.03	$97.17	$0.00	$28.02	$35.91	$0.00	$39.61	$2.34	$16.45	$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4234**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$138.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$262.17	$138.31	$0.00	$28.02	$35.91	$0.00	$39.61	$2.34	$16.45	$1.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.46	$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.30	$8.30								
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	$29.61	$12.29	$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	**$291.78**	**$150.60**	**$0.00**	**$28.24**	**$35.91**	**$0.00**	**$56.71**	**$2.34**	**$16.45**	**$1.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST**
Prvdr ID: **00083047A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.05%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.37	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5818	1.4173
Quarterly Medicaid CMI:	1.5267	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5572	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,994,775	$4,970,707	$0	$1,171,212	$454,489	$515,345	$2,189,196		$693,826	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($598,957)	($12,896)	$0	$0	$0	$0	($462,100)		($123,961)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$474,996		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$123,961
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,994,775	$4,957,811	$0	$1,171,212	$454,489	$515,345	$1,727,096	$474,996	$569,865	$123,961
8	Total Nursing Facility Days As Filed Days = 30,517	FY24 Audited C/R Days	30,517									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,517	FY24 GL-PL Ins Rpt Days								30,517		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$327.50	$162.46	$0.00	$38.38	$31.78	*(with L&H)*	$56.59	$15.56	$18.67	$4.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5818**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$102.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$102.70	$0.00	$38.38	$31.78		$56.59	$15.56	$18.67	$4.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$238.68	$102.70	$0.00	$31.73	$31.78		$39.61	$15.56	13.24 *(FRV)*	$4.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$238.68	$102.70	$0.00	$31.73	$31.78	$0.00	$39.61	$15.56	$13.24	$4.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5572**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$159.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$295.90	$159.92	$0.00	$31.73	$31.78	$0.00	$39.61	$15.56	$13.24	$4.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$1.60	$1.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.80	$4.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.44	$6.93	$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	**$320.34**	**$166.85**	**$0.00**	**$31.73**	**$32.19**	**$0.00**	**$56.71**	**$15.56**	**$13.24**	**$4.06**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$227.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE CENTER FOR ADVANCED REHAB AT PARKSIDE**
Prvdr ID: **00083102A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.09%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.03	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6927	1.4173
Quarterly Medicaid CMI:	1.5315	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5621	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$14,483,755	$7,701,156	$0	$1,289,214	$649,216	$785,276	$2,434,871		$1,624,022	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($898,286)	($468,377)	$0	$0	$0	$0	($346,986)		($82,923)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$138,667		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$82,923
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,807,059	$7,232,779	$0	$1,289,214	$649,216	$785,276	$2,087,885	$138,667	$1,541,099	$82,923
8	Total Nursing Facility Days As Filed Days = 43,709	FY24 Audited C/R Days	43,709									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,709	FY24 GL-PL Ins Rpt Days								43,709		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$315.90	$165.48	$0.00	$29.50	$32.82	*(with L&H)*	$47.77	$3.17	$35.26	$1.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6927**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.76	$0.00	$29.50	$32.82		$47.77	$3.17	$35.26	$1.90
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$229.96	$97.76	$0.00	$29.50	$32.82		$39.61	$3.17	25.20 *(FRV)*	$1.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$229.96	$97.76	$0.00	$29.50	$32.82	$0.00	$39.61	$3.17	$25.20	$1.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5621**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$152.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$284.91	$152.71	$0.00	$29.50	$32.82	$0.00	$39.61	$3.17	$25.20	$1.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.53	$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.64	$7.64								
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	$27.43	$9.70	$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	**$312.34**	**$162.41**	**$0.00**	**$29.72**	**$33.23**	**$0.00**	**$56.71**	**$3.17**	**$25.20**	**$1.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$221.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST**
Prvdr ID: **00083124A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.24%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.42	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6004	1.4173
Quarterly Medicaid CMI:	1.6271	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6596	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,911,912	$5,701,359	$0	$1,055,725	$347,386	$441,887	$1,764,431		$601,124	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($539,304)	($4,538)	$0	$0	$4,915	$6,251	($420,976)		($124,956)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$366,776		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$126,615
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,865,999	$5,696,821	$0	$1,055,725	$352,301	$448,138	$1,343,455	$366,776	$476,168	$126,615
8	Total Nursing Facility Days As Filed Days = 35,900	FY24 Audited C/R Days	35,900									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,900	FY24 GL-PL Ins Rpt Days								35,900		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$274.83	$158.69	$0.00	$29.41	$22.30	*(with L&H)*	$37.42	$10.22	$13.26	$3.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6004**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$99.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.15	$0.00	$29.41	$22.30		$37.42	$10.22	$13.26	$3.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$216.29	$99.15	$0.00	$29.41	$22.30		$37.42	$10.22	14.26 *(FRV)*	$3.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$216.29	$99.15	$0.00	$29.41	$22.30	$0.00	$37.42	$10.22	$14.26	$3.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6596**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$164.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$281.69	$164.55	$0.00	$29.41	$22.30	$0.00	$37.42	$10.22	$14.26	$3.53
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.65	$1.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.94	$4.94								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.22	$7.12	$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	**$306.91**	**$171.67**	**$0.00**	**$29.63**	**$22.71**	**$0.00**	**$54.89**	**$10.22**	**$14.26**	**$3.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$217.36**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **NHC HEALTHCARE ROSSVILLE**
Prvdr ID: **00083146A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.78%	0.0%
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:	1.3746	1.4173
Quarterly Medicaid CMI:	1.2929	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3187	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,678,104	$4,028,134	$0	$765,328	$392,854	$350,314	$1,825,545		$315,929	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($188,495)	($3,474)	$0	$0	($1,110)	($991)	($151,899)		($31,021)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$30,934
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,520,543	$4,024,660	$0	$765,328	$391,744	$349,323	$1,673,646	$0	$284,908	$30,934
8	Total Nursing Facility Days As Filed Days = 32,503	FY24 Audited C/R Days	32,503									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,503	FY24 GL-PL Ins Rpt Days								32,503		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$231.38	$123.82	$0.00	$23.55	$22.80	*(with L&H)*	$51.49	$0.00	$8.77	$0.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3746**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$90.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.08	$0.00	$23.55	$22.80		$51.49	$0.00	$8.77	$0.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$189.75	$90.08	$0.00	$23.55	$22.80		$39.61	$0.00	12.76 *(FRV)*	$0.95
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$189.75	$90.08	$0.00	$23.55	$22.80	$0.00	$39.61	$0.00	$12.76	$0.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3187**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$118.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$218.46	$118.79	$0.00	$23.55	$22.80	$0.00	$39.61	$0.00	$12.76	$0.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 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	$3.56	$3.56								
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	$21.82	$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	**$240.28**	**$122.88**	**$0.00**	**$23.77**	**$23.21**	**$0.00**	**$56.71**	**$0.00**	**$12.76**	**$0.95**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$167.39**									

FINAL

Provider: **SAVANNAH POST ACUTE LLC**
Prvdr ID: **00083157A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	22.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.45	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3509	1.4173
Quarterly Medicaid PDPM:	1.7748	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8102	1.5391

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	j
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*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2023 GL-PL Rpt		4,378,047		755,514	634,947		1,714,898	168,832	202,971	61,682
	Inflation (July 2024) @ 3.20%			140,098		24,176	20,318		54,877			1,974
	Patient Days	FY 2023 Cost Rpt		39,875		39,875	39,875		39,875	39,875	39,875	39,875
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			113.31		19.55	16.43		44.38	4.23	5.09	1.60
	Base Period Facility PDPM for all Residents			**1.3509**								
	Routine Services PDPM Adjusted Net Per Diem			$83.88								
	Net Per Diems After PDPM Adjustments		$175.17	$83.88		$19.55	$16.43		$44.38	$4.23	$5.09	1.60
	Per Diem Standards			$121.00		$31.73	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$177.28	$83.88		$19.55	$16.43		$39.61	$4.23	11.97	1.60
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$177.27	$83.88		$19.55	$16.43		$39.61	$4.23	$11.97	$1.60
	Quarterly Facility PDPM for Medicaid Residents			**1.8102**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$151.84								
	Quarterly Medicaid PDPMA Allowed Per Diem		$245.23	$151.84		$19.55	$16.43		$39.61	$4.23	$11.97	$1.60
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.16	$0.53		$0.22	$0.41		$0.00			
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		$1.52	1.52								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		$7.59	7.59								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$27.37									
	Quarterly PDPM Based Per Diem Rate		**$272.60**	**$161.48**		**$19.77**	**$16.84**		**$56.71**	**$4.23**	**$11.97**	**$1.60**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$191.63**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MUSCOGEE MANOR & REHABILITATION CTR**
Prvdr ID: **00083223A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.65%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.30	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4610	1.4173
Quarterly Medicaid CMI:	1.4089	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4371	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,755,315	$7,912,451	$0	$1,264,773	$974,465	$729,567	$1,688,615		$185,444	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($330,950)	$0	$0	$0	$0	$0	($291,769)		($39,181)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$291,769		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$39,181
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,755,315	$7,912,451	$0	$1,264,773	$974,465	$729,567	$1,396,846	$291,769	$146,263	$39,181
8	Total Nursing Facility Days As Filed Days = 36,285	FY24 Audited C/R Days	36,285									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,285	FY24 GL-PL Ins Rpt Days								36,285		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$351.53	$218.06	$0.00	$34.86	$46.96	*(with L&H)*	$38.50	$8.04	$4.03	$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4610**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$149.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$149.25	$0.00	$34.86	$46.96		$38.50	$8.04	$4.03	$1.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$260.76	$121.00	$0.00	$31.73	$35.91		$38.50	$8.04	24.50 *(FRV)*	$1.08
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$260.76	$121.00	$0.00	$31.73	$35.91	$0.00	$38.50	$8.04	$24.50	$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4371**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$173.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$313.65	$173.89	$0.00	$31.73	$35.91	$0.00	$38.50	$8.04	$24.50	$1.08
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.37	$0.00	$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	$4.35	$4.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.96	$6.96								
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	$11.68	$11.31	$0.00	$0.00	$0.00	$0.00	$0.37	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$325.33**	**$185.20**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$38.87**	**$8.04**	**$24.50**	**$1.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$244.00**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **TUCKER OPERATING COMPANY LLC**
Prvdr ID: **00083267A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.33%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	6.25	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5943	1.4173
Quarterly Medicaid CMI:	1.5870	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6187	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,537,107	$5,356,705	$0	$929,101	$374,254	$696,385	$2,303,729		$1,876,933	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($1,415,499)	($349,353)	$0	$1,306	($8,889)	($46,870)	($863,592)		($148,101)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$101,843		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$132,892
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,356,343	$5,007,352	$0	$930,407	$365,365	$649,515	$1,440,137	$101,843	$1,728,832	$132,892
8	Total Nursing Facility Days As Filed Days = 38,395	FY24 Audited C/R Days	38,452									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,395	FY24 GL-PL Ins Rpt Days								38,452		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$269.33	$130.22	$0.00	$24.20	$26.39	*(with L&H)*	$37.45	$2.65	$44.96	$3.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5943**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$81.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.68	$0.00	$24.20	$26.39		$37.45	$2.65	$44.96	$3.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$189.53	$81.68	$0.00	$24.20	$26.39		$37.45	$2.65	13.70 *(FRV)*	$3.46
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$189.53	$81.68	$0.00	$24.20	$26.39	$0.00	$37.45	$2.65	$13.70	$3.46
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		$132.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.07	$132.22	$0.00	$24.20	$26.39	$0.00	$37.45	$2.65	$13.70	$3.46
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.32	$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.61	$6.61								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.56	$8.46	$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	**$266.63**	**$140.68**	**$0.00**	**$24.42**	**$26.80**	**$0.00**	**$54.92**	**$2.65**	**$13.70**	**$3.46**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$187.15**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MADISON HEALTH AND REHAB**
Prvdr ID: **00083278A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	64.52%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.65	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6497	1.4173
Quarterly Medicaid CMI:	1.8253	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.8618	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,678,105	$3,310,874	$0	$690,910	$430,953	$311,979	$866,811		$66,578	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($199,663)	($7,960)	$0	$0	$0	$0	($147,876)		($43,827)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$147,975		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$43,827
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,670,244	$3,302,914	$0	$690,910	$430,953	$311,979	$718,935	$147,975	$22,751	$43,827
8	Total Nursing Facility Days As Filed Days = 24,577	FY24 Audited C/R Days	24,577									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,577	FY24 GL-PL Ins Rpt Days								24,577		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.71	$134.39	$0.00	$28.11	$30.23	*(with L&H)*	$29.25	$6.02	$0.93	$1.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6497**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$81.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.46	$0.00	$28.11	$30.23		$29.25	$6.02	$0.93	$1.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.06	$81.46	$0.00	$28.11	$30.23		$29.25	$6.02	13.21 *(FRV)*	$1.78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$190.06	$81.46	$0.00	$28.11	$30.23	$0.00	$29.25	$6.02	$13.21	$1.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8618**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$151.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$260.26	$151.66	$0.00	$28.11	$30.23	$0.00	$29.25	$6.02	$13.21	$1.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$8.34	$8.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.10	$9.10								
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	$36.07	$17.97	$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	**$296.33**	**$169.63**	**$0.00**	**$28.33**	**$30.64**	**$0.00**	**$46.72**	**$6.02**	**$13.21**	**$1.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$209.42**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RIVERDALE CENTER FOR NURSING AND HEALING**
Prvdr ID: **00083289A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.17%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.65	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5311	1.4173
Quarterly Medicaid CMI:	1.5030	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5330	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,725,014	$5,730,099	$0	$1,026,952	$369,164	$638,269	$2,048,415		$1,912,115	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($558,174)	($120,302)	$0	$0	($1,920)	($16,445)	($293,425)		($126,082)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$401,575		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$125,425
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,693,840	$5,609,797	$0	$1,026,952	$367,244	$621,824	$1,754,990	$401,575	$1,786,033	$125,425
8	Total Nursing Facility Days As Filed Days = 46,526	FY24 Audited C/R Days	46,526									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,526	FY24 GL-PL Ins Rpt Days								46,526		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$251.34	$120.57	$0.00	$22.07	$21.26	*(with L&H)*	$37.72	$8.63	$38.39	$2.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5311**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.75	$0.00	$22.07	$21.26		$37.72	$8.63	$38.39	$2.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$183.06	$78.75	$0.00	$22.07	$21.26		$37.72	$8.63	11.93 *(FRV)*	$2.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$183.06	$78.75	$0.00	$22.07	$21.26	$0.00	$37.72	$8.63	$11.93	$2.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5330**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$120.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$225.03	$120.72	$0.00	$22.07	$21.26	$0.00	$37.72	$8.63	$11.93	$2.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.02	$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.04	$6.04								
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	$27.69	$9.59	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$252.72**	**$130.31**	**$0.00**	**$22.29**	**$21.67**	**$0.00**	**$55.19**	**$8.63**	**$11.93**	**$2.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARBORVIEW THOMASVILLE**
Prvdr ID: **00083311A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.59%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.13	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6281	1.4173
Quarterly Medicaid CMI:	1.8594	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.8966	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,337,585	$2,356,953	$0	$459,467	$235,204	$249,734	$899,569		$1,136,658	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($275,312)	($91,038)	$0	$0	$1,483	$1,645	($134,932)		($52,470)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$100,797		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$52,800
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,215,870	$2,265,915	$0	$459,467	$236,687	$251,379	$764,637	$100,797	$1,084,188	$52,800
8	Total Nursing Facility Days As Filed Days = 22,614	FY24 Audited C/R Days	22,614									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,614	FY24 GL-PL Ins Rpt Days								22,614		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.64	$100.20	$0.00	$20.32	$21.58	*(with L&H)*	$33.81	$4.46	$47.94	$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6281**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$61.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.55	$0.00	$20.32	$21.58		$33.81	$4.46	$47.94	$2.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$157.35	$61.55	$0.00	$20.32	$21.58		$33.81	$4.46	13.30 *(FRV)*	$2.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$157.35	$61.55	$0.00	$20.32	$21.58	$0.00	$33.81	$4.46	$13.30	$2.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8966**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$116.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$212.54	$116.74	$0.00	$20.32	$21.58	$0.00	$33.81	$4.46	$13.30	$2.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$1.17	$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.84	$5.84								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.64	$7.54	$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	**$238.18**	**$124.28**	**$0.00**	**$20.54**	**$21.99**	**$0.00**	**$51.28**	**$4.46**	**$13.30**	**$2.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.81**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE A.G. RHODES HOME, INC.**
Prvdr ID: **00140005A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.57%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.43	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5214	1.4173
Quarterly Medicaid CMI:	1.5407	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5715	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,734,879	$7,755,178	$0	$1,354,840	$679,658	$912,867	$2,740,849		$291,487	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($402,604)	($123,216)	$0	$0	$9,203	$10,971	($265,029)		($34,533)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$385,305		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$35,001
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,752,581	$7,631,962	$0	$1,354,840	$688,861	$923,838	$2,475,820	$385,305	$256,954	$35,001
8	Total Nursing Facility Days As Filed Days = 42,040	FY24 Audited C/R Days	42,040									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,040	FY24 GL-PL Ins Rpt Days								42,040		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$327.13	$181.54	$0.00	$32.23	$38.36	*(with L&H)*	$58.89	$9.17	$6.11	$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5214**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$119.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$119.33	$0.00	$32.23	$38.36		$58.89	$9.17	$6.11	$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$260.05	$119.33	$0.00	$31.73	$35.91		$39.61	$9.17	23.47 *(FRV)*	$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$260.05	$119.33	$0.00	$31.73	$35.91	$0.00	$39.61	$9.17	$23.47	$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5715**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$187.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$328.25	$187.53	$0.00	$31.73	$35.91	$0.00	$39.61	$9.17	$23.47	$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$10.31	$10.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.38	$9.38								
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	$37.32	$20.22	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$365.57**	**$207.75**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$56.71**	**$9.17**	**$23.47**	**$0.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$261.35**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ALTAMAHA HEALTHCARE CENTER**
Prvdr ID: **00140027A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.21%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.74	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4871	1.4173
Quarterly Medicaid CMI:	1.5733	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6048	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,768,611	$2,017,230	$0	$398,535	$185,548	$223,710	$718,503		$225,085	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($95,322)	($25,356)	$0	($1,537)	$0	$3,435	($41,543)		($30,321)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$46,845		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$30,321
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,750,455	$1,991,874	$0	$396,998	$185,548	$227,145	$676,960	$46,845	$194,764	$30,321
8	Total Nursing Facility Days As Filed Days = 19,361	FY24 Audited C/R Days	19,361									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,361	FY24 GL-PL Ins Rpt Days								19,361		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$193.73	$102.88	$0.00	$20.51	$21.32	*(with L&H)*	$34.97	$2.42	$10.06	$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4871**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$69.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$69.18	$0.00	$20.51	$21.32		$34.97	$2.42	$10.06	$1.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$160.77	$69.18	$0.00	$20.51	$21.32		$34.97	$2.42	10.80 *(FRV)*	$1.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$160.77	$69.18	$0.00	$20.51	$21.32	$0.00	$34.97	$2.42	$10.80	$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6048**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$202.61	$111.02	$0.00	$20.51	$21.32	$0.00	$34.97	$2.42	$10.80	$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 = 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	$21.96	$3.86	$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	**$224.57**	**$114.88**	**$0.00**	**$20.73**	**$21.73**	**$0.00**	**$52.44**	**$2.42**	**$10.80**	**$1.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$155.60**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - GREENVILLE**
Prvdr ID: **00140038A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	41.11%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.30	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4053	1.4173
Quarterly Medicaid CMI:	1.3300	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3566	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,136,295	$2,671,765	$0	$390,941	$198,976	$653,040	$998,834		$222,739	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($451,768)	($15,615)	$0	$0	$92	$1,270	($382,560)		($54,955)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$406,920		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$50,167
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,141,614	$2,656,150	$0	$390,941	$199,068	$654,310	$616,274	$406,920	$167,784	$50,167
8	Total Nursing Facility Days As Filed Days = 25,003	FY24 Audited C/R Days	25,003									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,003	FY24 GL-PL Ins Rpt Days								25,003		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$205.64	$106.23	$0.00	$15.64	$34.13	*(with L&H)*	$24.65	$16.27	$6.71	$2.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4053**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$75.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.59	$0.00	$15.64	$34.13		$24.65	$16.27	$6.71	$2.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$181.71	$75.59	$0.00	$15.64	$34.13		$24.65	$16.27	13.42 *(FRV)*	$2.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$181.71	$75.59	$0.00	$15.64	$34.13	$0.00	$24.65	$16.27	$13.42	$2.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3566**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$208.67	$102.55	$0.00	$15.64	$34.13	$0.00	$24.65	$16.27	$13.42	$2.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.56	$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.10	$4.10								
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	$25.29	$7.19	$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	**$233.96**	**$109.74**	**$0.00**	**$15.86**	**$34.54**	**$0.00**	**$42.12**	**$16.27**	**$13.42**	**$2.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$162.65**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BRENTWOOD HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00140071A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.58%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.55	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3540	1.4173
Quarterly Medicaid CMI:	1.9839	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.0235	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,054,308	$2,856,460	$0	$607,589	$332,617	$307,808	$777,902		$171,932	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($132,460)	($27,313)	$0	$0	$0	$0	($60,433)		($44,714)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$72,445		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$44,714
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,039,007	$2,829,147	$0	$607,589	$332,617	$307,808	$717,469	$72,445	$127,218	$44,714
8	Total Nursing Facility Days As Filed Days = 18,832	FY24 Audited C/R Days	18,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,832	FY24 GL-PL Ins Rpt Days								18,832		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$267.58	$150.23	$0.00	$32.26	$34.01	*(with L&H)*	$38.10	$3.85	$6.76	$2.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3540**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$110.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.95	$0.00	$32.26	$34.01		$38.10	$3.85	$6.76	$2.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$235.18	$110.95	$0.00	$31.73	$34.01		$38.10	$3.85	14.17 *(FRV)*	$2.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$235.18	$110.95	$0.00	$31.73	$34.01	$0.00	$38.10	$3.85	$14.17	$2.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.0235**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$224.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$348.74	$224.51	$0.00	$31.73	$34.01	$0.00	$38.10	$3.85	$14.17	$2.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.31	$0.53	$0.00	$0.00	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.61	$5.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$11.23	$11.23								
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	$35.25	$17.37	$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	**$383.99**	**$241.88**	**$0.00**	**$31.73**	**$34.42**	**$0.00**	**$55.57**	**$3.85**	**$14.17**	**$2.37**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$275.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WESTMINSTER COMMONS**
Prvdr ID: **00140082A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.40%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.50	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1856	1.4173
Quarterly Medicaid CMI:	1.3252	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3517	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,094,813	$3,367,216	$0	$548,357	$237,337	$361,685	$1,689,568		$890,650	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($936,318)	($33,394)	$0	$0	($272)	($416)	($808,584)		($93,652)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$353,237		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$93,544
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,605,276	$3,333,822	$0	$548,357	$237,065	$361,269	$880,984	$353,237	$796,998	$93,544
8	Total Nursing Facility Days As Filed Days = 28,544	FY24 Audited C/R Days	28,544									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,544	FY24 GL-PL Ins Rpt Days								28,544		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$231.41	$116.80	$0.00	$19.21	$20.96	*(with L&H)*	$30.86	$12.38	$27.92	$3.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1856**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$98.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.51	$0.00	$19.21	$20.96		$30.86	$12.38	$27.92	$3.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.40	$98.51	$0.00	$19.21	$20.96		$30.86	$12.38	10.20 *(FRV)*	$3.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$195.40	$98.51	$0.00	$19.21	$20.96	$0.00	$30.86	$12.38	$10.20	$3.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3517**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$133.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.05	$133.16	$0.00	$19.21	$20.96	$0.00	$30.86	$12.38	$10.20	$3.28
	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	$3.99	$3.99								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.62	$4.52	$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	**$252.67**	**$137.68**	**$0.00**	**$19.43**	**$21.37**	**$0.00**	**$48.33**	**$12.38**	**$10.20**	**$3.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.68**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **APPLING NURSING AND REHABILITATION PAVILION**
Prvdr ID: **00140093A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.73%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	no data	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1623	1.4173
Quarterly Medicaid CMI:	1.2101	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2343	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,303,654	$4,544,257	$0	$1,204,111	$349,471	$526,676	$1,873,800		$805,339	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($141,111)	$0	$0	$0	$0	$0	($109,762)		($31,349)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$109,762		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$31,349
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,303,654	$4,544,257	$0	$1,204,111	$349,471	$526,676	$1,764,038	$109,762	$773,990	$31,349
8	Total Nursing Facility Days As Filed Days = 29,227	FY24 Audited C/R Days	29,227									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,227	FY24 GL-PL Ins Rpt Days								29,227		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$318.33	$155.48	$0.00	$41.20	$29.98	*(with L&H)*	$60.36	$3.76	$26.48	$1.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1623**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$133.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$133.77	$0.00	$41.20	$29.98		$60.36	$3.76	$26.48	$1.07
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$263.00	$121.00	$0.00	$41.20	$29.98		$39.61	$3.76	26.38 *(FRV)*	$1.07
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$263.00	$121.00	$0.00	$41.20	$29.98	$0.00	$39.61	$3.76	$26.38	$1.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2343**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$149.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$291.35	$149.35	$0.00	$41.20	$29.98	$0.00	$39.61	$3.76	$26.38	$1.07
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.41	$0.00	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.49	$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.00	$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$19.00	$1.49	$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	**$310.35**	**$150.84**	**$0.00**	**$41.20**	**$30.39**	**$0.00**	**$56.71**	**$3.76**	**$26.38**	**$1.07**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$219.94**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - ASHBURN**
Prvdr ID: **00140104A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.48%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.18	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4861	1.4173
Quarterly Medicaid CMI:	1.6765	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7100	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,929,806	$2,618,896	$0	$438,991	$201,311	$410,782	$909,581		$350,245	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($302,110)	($65,281)	$0	$0	$829	$1,302	($202,877)		($36,083)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$274,333		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$37,261
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,939,290	$2,553,615	$0	$438,991	$202,140	$412,084	$706,704	$274,333	$314,162	$37,261
8	Total Nursing Facility Days As Filed Days = 23,775	FY24 Audited C/R Days	23,775									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,775	FY24 GL-PL Ins Rpt Days								23,775		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$207.74	$107.41	$0.00	$18.46	$25.83	*(with L&H)*	$29.72	$11.54	$13.21	$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4861**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$72.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.28	$0.00	$18.46	$25.83		$29.72	$11.54	$13.21	$1.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$172.35	$72.28	$0.00	$18.46	$25.83		$29.72	$11.54	12.95 *(FRV)*	$1.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$172.35	$72.28	$0.00	$18.46	$25.83	$0.00	$29.72	$11.54	$12.95	$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7100**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$123.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$223.67	$123.60	$0.00	$18.46	$25.83	$0.00	$29.72	$11.54	$12.95	$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	$3.09	$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.18	$6.18								
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	$27.90	$9.80	$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	**$251.57**	**$133.40**	**$0.00**	**$18.68**	**$26.24**	**$0.00**	**$47.19**	**$11.54**	**$12.95**	**$1.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.85**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - BROOKHAVEN**
Prvdr ID: **00140115A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.53%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5382	1.4173
Quarterly Medicaid CMI:	1.6160	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6483	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,004,245	$6,354,938	$0	$1,032,800	$595,107	$1,121,646	$1,815,907		$1,083,847	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($909,283)	($372,735)	$0	$20,512	$4,545	$10,299	($351,530)		($220,374)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$568,217		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$147,514
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,810,693	$5,982,203	$0	$1,053,312	$599,652	$1,131,945	$1,464,377	$568,217	$863,473	$147,514
8	Total Nursing Facility Days As Filed Days = 46,486	FY24 Audited C/R Days	46,486									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,486	FY24 GL-PL Ins Rpt Days								46,486		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$254.06	$128.69	$0.00	$22.66	$37.25	*(with L&H)*	$31.50	$12.22	$18.57	$3.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5382**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$83.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.66	$0.00	$22.66	$37.25		$31.50	$12.22	$18.57	$3.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$202.77	$83.66	$0.00	$22.66	$35.91		$31.50	$12.22	13.65 *(FRV)*	$3.17
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$202.77	$83.66	$0.00	$22.66	$35.91	$0.00	$31.50	$12.22	$13.65	$3.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6483**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$257.01	$137.90	$0.00	$22.66	$35.91	$0.00	$31.50	$12.22	$13.65	$3.17
	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	$1.38	$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.90	$6.90								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.50	$8.81	$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	**$283.51**	**$146.71**	**$0.00**	**$22.88**	**$35.91**	**$0.00**	**$48.97**	**$12.22**	**$13.65**	**$3.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$199.81**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE OAKS - ATHENS SKILLED NURSING**
Prvdr ID: **00140126A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.11%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.66	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4920	1.4173
Quarterly Medicaid CMI:	1.6476	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6805	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$14,857,131	$7,650,496	$0	$1,155,485	$693,729	$845,893	$1,939,180		$2,572,348	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($885,560)	($165,194)	$0	$1,688	$1,472	($33,757)	($363,696)		($326,073)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$536,467		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$256,418
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$14,764,456	$7,485,302	$0	$1,157,173	$695,201	$812,136	$1,575,484	$536,467	$2,246,275	$256,418
8	Total Nursing Facility Days As Filed Days = 47,212	FY24 Audited C/R Days	47,212									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,212	FY24 GL-PL Ins Rpt Days								47,212		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$312.73	$158.55	$0.00	$24.51	$31.93	*(with L&H)*	$33.37	$11.36	$47.58	$5.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4920**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$106.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$106.27	$0.00	$24.51	$31.93		$33.37	$11.36	$47.58	$5.43
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$245.14	$106.27	$0.00	$24.51	$31.93		$33.37	$11.36	32.27 *(FRV)*	$5.43
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$245.14	$106.27	$0.00	$24.51	$31.93	$0.00	$33.37	$11.36	$32.27	$5.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6805**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$178.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$317.46	$178.59	$0.00	$24.51	$31.93	$0.00	$33.37	$11.36	$32.27	$5.43
	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	$1.79	$1.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.93	$8.93								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.35	$11.25	$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	**$346.81**	**$189.84**	**$0.00**	**$24.73**	**$32.34**	**$0.00**	**$50.84**	**$11.36**	**$32.27**	**$5.43**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$247.28**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE CROSSINGS AT EAST LAKE OF JOURNEY LLC**
Prvdr ID: **00140137A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.53%	2.5%
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:	1.7146	1.4173
Quarterly Medicaid CMI:	2.0915	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.1333	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,108,774	$4,371,033	$0	$772,803	$436,199	$293,034	$1,088,014		$1,147,691	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($217,393)	($32,851)	$0	$0	$139	$94	($96,503)		($88,272)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$126,666		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$88,300
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,106,347	$4,338,182	$0	$772,803	$436,338	$293,128	$991,511	$126,666	$1,059,419	$88,300
8	Total Nursing Facility Days As Filed Days = 33,601	FY24 Audited C/R Days	33,601									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,601	FY24 GL-PL Ins Rpt Days								33,601		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$241.26	$129.11	$0.00	$23.00	$21.71	*(with L&H)*	$29.51	$3.77	$31.53	$2.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7146**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$75.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.30	$0.00	$23.00	$21.71		$29.51	$3.77	$31.53	$2.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$168.24	$75.30	$0.00	$23.00	$21.71		$29.51	$3.77	12.32 *(FRV)*	$2.63
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$168.24	$75.30	$0.00	$23.00	$21.71	$0.00	$29.51	$3.77	$12.32	$2.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.1333**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$160.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.58	$160.64	$0.00	$23.00	$21.71	$0.00	$29.51	$3.77	$12.32	$2.63
	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	$4.02	$4.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.82	$4.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.47	$9.37	$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	**$281.05**	**$170.01**	**$0.00**	**$23.22**	**$22.12**	**$0.00**	**$46.98**	**$3.77**	**$12.32**	**$2.63**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.96**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SANDTOWN HEALTH AND REHABILITATION**
Prvdr ID: **00140159A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.91%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4537	1.4173
Quarterly Medicaid CMI:	1.6411	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6740	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,634,419	$3,400,132	$0	$655,856	$421,180	$471,544	$1,613,276		$1,072,431	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($463,548)	($3,595)	$0	$0	$0	$0	($385,261)		($74,692)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$383,500		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$74,692
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,629,063	$3,396,537	$0	$655,856	$421,180	$471,544	$1,228,015	$383,500	$997,739	$74,692
8	Total Nursing Facility Days As Filed Days = 32,089	FY24 Audited C/R Days	32,089									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,089	FY24 GL-PL Ins Rpt Days								32,089		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$237.75	$105.85	$0.00	$20.44	$27.82	*(with L&H)*	$38.27	$11.95	$31.09	$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4537**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$72.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.81	$0.00	$20.44	$27.82		$38.27	$11.95	$31.09	$2.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.51	$72.81	$0.00	$20.44	$27.82		$38.27	$11.95	11.89 *(FRV)*	$2.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$185.51	$72.81	$0.00	$20.44	$27.82	$0.00	$38.27	$11.95	$11.89	$2.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6740**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$121.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.58	$121.88	$0.00	$20.44	$27.82	$0.00	$38.27	$11.95	$11.89	$2.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.05	$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.66	$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.34	$7.24	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$259.92**	**$129.12**	**$0.00**	**$20.66**	**$28.23**	**$0.00**	**$55.74**	**$11.95**	**$11.89**	**$2.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$182.12**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - CARROLLTON**
Prvdr ID: **00140181A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	11.76%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5028	1.4173
Quarterly Medicaid CMI:	1.4124	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4406	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,093,763	$1,920,708	$0	$313,561	$241,673	$623,717	$737,411		$256,693	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($213,508)	($66,870)	$0	$0	$0	$53	($80,944)		($65,747)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$152,402		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$63,009
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,095,666	$1,853,838	$0	$313,561	$241,673	$623,770	$656,467	$152,402	$190,946	$63,009
8	Total Nursing Facility Days As Filed Days = 12,968	FY24 Audited C/R Days	12,968									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,968	FY24 GL-PL Ins Rpt Days								12,968		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$315.82	$142.95	$0.00	$24.18	$66.74	*(with L&H)*	$50.62	$11.75	$14.72	$4.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5028**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$95.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.13	$0.00	$24.18	$66.74		$50.62	$11.75	$14.72	$4.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$237.16	$95.13	$0.00	$24.18	$35.91		$39.61	$11.75	25.72 *(FRV)*	$4.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$237.16	$95.13	$0.00	$24.18	$35.91	$0.00	$39.61	$11.75	$25.72	$4.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4406**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$279.07	$137.04	$0.00	$24.18	$35.91	$0.00	$39.61	$11.75	$25.72	$4.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.85	$6.85								
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	$24.70	$7.38	$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	**$303.77**	**$144.42**	**$0.00**	**$24.40**	**$35.91**	**$0.00**	**$56.71**	**$11.75**	**$25.72**	**$4.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$215.00**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BAPTIST VILLAGE, INC.**
Prvdr ID: **00140203A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.71%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.87	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3803	1.4173
Quarterly Medicaid CMI:	1.4198	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4482	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$21,403,305	$11,126,761	$0	$2,807,513	$1,114,609	$1,528,797	$4,088,259		$737,366	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($268,193)	$76,089	$0	$0	$1,452	$3,459	($235,151)		($114,042)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$141,619		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$114,192
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$21,390,923	$11,202,850	$0	$2,807,513	$1,116,061	$1,532,256	$3,853,108	$141,619	$623,324	$114,192
8	Total Nursing Facility Days As Filed Days = 67,084	FY24 Audited C/R Days	67,084									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,084	FY24 GL-PL Ins Rpt Days								67,084		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$318.87	$167.00	$0.00	$41.85	$39.48	*(with L&H)*	$57.44	$2.11	$9.29	$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3803**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$120.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$120.99	$0.00	$41.85	$39.48		$57.44	$2.11	$9.29	$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$253.27	$120.99	$0.00	$31.73	$35.91		$39.61	$2.11	21.22 *(FRV)*	$1.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$253.27	$120.99	$0.00	$31.73	$35.91	$0.00	$39.61	$2.11	$21.22	$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4482**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$175.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$307.50	$175.22	$0.00	$31.73	$35.91	$0.00	$39.61	$2.11	$21.22	$1.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.01	$0.01	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.38	$4.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.26	$5.26								
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	$9.65	$9.65	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$317.15**	**$184.87**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$39.61**	**$2.11**	**$21.22**	**$1.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$237.86**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE OAKS - BETHANY SKILLED NURSING**
Prvdr ID: **00140258A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.76%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4719	1.4173
Quarterly Medicaid CMI:	1.5800	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6116	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,809,638	$4,655,996	$0	$788,001	$438,353	$709,499	$1,534,826		$682,963	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($732,813)	($79,497)	$0	$0	($100)	$5,851	($540,258)		($118,809)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$606,307		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$121,152
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,804,284	$4,576,499	$0	$788,001	$438,253	$715,350	$994,568	$606,307	$564,154	$121,152
8	Total Nursing Facility Days As Filed Days = 41,590	FY24 Audited C/R Days	41,590									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,590	FY24 GL-PL Ins Rpt Days								41,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$211.69	$110.04	$0.00	$18.95	$27.74	*(with L&H)*	$23.91	$14.58	$13.56	$2.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4719**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$74.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$74.76	$0.00	$18.95	$27.74		$23.91	$14.58	$13.56	$2.91
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$179.74	$74.76	$0.00	$18.95	$27.74		$23.91	$14.58	16.89 *(FRV)*	$2.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$179.74	$74.76	$0.00	$18.95	$27.74	$0.00	$23.91	$14.58	$16.89	$2.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6116**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$120.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$225.46	$120.48	$0.00	$18.95	$27.74	$0.00	$23.91	$14.58	$16.89	$2.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.01	$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.82	$4.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.46	$8.36	$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	**$251.92**	**$128.84**	**$0.00**	**$19.17**	**$28.15**	**$0.00**	**$41.38**	**$14.58**	**$16.89**	**$2.91**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.12**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - BETHANY**
Prvdr ID: **00140269A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.54%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.78	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4158	1.4173
Quarterly Medicaid CMI:	1.5489	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5799	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,422,508	$3,406,110	$0	$585,457	$217,086	$632,536	$1,180,448		$400,871	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($414,666)	($62,361)	$0	($400)	($100)	$400	($291,795)		($60,410)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$361,303		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$51,683
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,420,828	$3,343,749	$0	$585,057	$216,986	$632,936	$888,653	$361,303	$340,461	$51,683
8	Total Nursing Facility Days As Filed Days = 30,874	FY24 Audited C/R Days	30,874									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,874	FY24 GL-PL Ins Rpt Days								30,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$207.96	$108.30	$0.00	$18.95	$27.53	*(with L&H)*	$28.78	$11.70	$11.03	$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4158**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$76.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.49	$0.00	$18.95	$27.53		$28.78	$11.70	$11.03	$1.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.20	$76.49	$0.00	$18.95	$27.53		$28.78	$11.70	17.08 *(FRV)*	$1.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$182.20	$76.49	$0.00	$18.95	$27.53	$0.00	$28.78	$11.70	$17.08	$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5799**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$120.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$226.56	$120.85	$0.00	$18.95	$27.53	$0.00	$28.78	$11.70	$17.08	$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)	$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	$3.02	$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.04	$6.04								
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	$27.69	$9.59	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$254.25**	**$130.44**	**$0.00**	**$19.17**	**$27.94**	**$0.00**	**$46.25**	**$11.70**	**$17.08**	**$1.67**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.86**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CUMMING OPERATING COMPANY LLC**
Prvdr ID: **00140302A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.86%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.48	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6024	1.4173
Quarterly Medicaid CMI:	1.6279	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6604	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,402,146	$3,011,537	$0	$425,647	$285,275	$180,621	$1,106,221		$392,845	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($121,967)	($95,266)	$0	$0	($4,941)	($3,128)	$1,544		($20,176)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$70,803		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$19,808
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,370,790	$2,916,271	$0	$425,647	$280,334	$177,493	$1,107,765	$70,803	$372,669	$19,808
8	Total Nursing Facility Days As Filed Days = 17,423	FY24 Audited C/R Days	17,423									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,423	FY24 GL-PL Ins Rpt Days								17,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$308.26	$167.38	$0.00	$24.43	$26.28	*(with L&H)*	$63.58	$4.06	$21.39	$1.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6024**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$104.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$104.46	$0.00	$24.43	$26.28		$63.58	$4.06	$21.39	$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$214.11	$104.46	$0.00	$24.43	$26.28		$39.61	$4.06	14.13 *(FRV)*	$1.14
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$214.11	$104.46	$0.00	$24.43	$26.28	$0.00	$39.61	$4.06	$14.13	$1.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6604**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$173.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$283.10	$173.45	$0.00	$24.43	$26.28	$0.00	$39.61	$4.06	$14.13	$1.14
	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	$4.34	$4.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.20	$5.20								
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	$27.80	$10.07	$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	**$310.90**	**$183.52**	**$0.00**	**$24.65**	**$26.69**	**$0.00**	**$56.71**	**$4.06**	**$14.13**	**$1.14**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$220.35**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RIVERSIDE HEALTH CARE CENTER**
Prvdr ID: **00140324A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.40%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.22	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4764	1.4173
Quarterly Medicaid CMI:	1.5639	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5952	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,524,581	$6,433,384	$0	$1,055,328	$429,255	$520,920	$2,455,594		$1,630,100	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($1,629,846)	($31,341)	$0	$0	$0	($28,977)	($1,473,062)		($96,466)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$508,086		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$96,466
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,499,287	$6,402,043	$0	$1,055,328	$429,255	$491,943	$982,532	$508,086	$1,533,634	$96,466
8	Total Nursing Facility Days As Filed Days = 54,470	FY24 Audited C/R Days	54,470									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,470	FY24 GL-PL Ins Rpt Days								54,470		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$211.11	$117.53	$0.00	$19.37	$16.91	*(with L&H)*	$18.04	$9.33	$28.16	$1.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4764**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$79.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.61	$0.00	$19.37	$16.91		$18.04	$9.33	$28.16	$1.77
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$156.49	$79.61	$0.00	$19.37	$16.91		$18.04	$9.33	11.46 *(FRV)*	$1.77
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$156.49	$79.61	$0.00	$19.37	$16.91	$0.00	$18.04	$9.33	$11.46	$1.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5952**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$203.87	$126.99	$0.00	$19.37	$16.91	$0.00	$18.04	$9.33	$11.46	$1.77
	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	$3.17	$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.54	$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.34	$6.24	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$228.21**	**$133.23**	**$0.00**	**$19.59**	**$17.32**	**$0.00**	**$35.51**	**$9.33**	**$11.46**	**$1.77**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$158.33**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RIVERSIDE HEALTH AND REHABILITATION**
Prvdr ID: **00140346A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.55%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.42	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2271	1.4173
Quarterly Medicaid CMI:	1.3055	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3316	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,878,597	$3,206,532	$0	$787,099	$301,259	$369,356	$1,073,034		$141,317	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($128,142)	$0	$0	$0	$0	$0	($112,857)		($15,285)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$56,940		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$15,285
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,822,680	$3,206,532	$0	$787,099	$301,259	$369,356	$960,177	$56,940	$126,032	$15,285
8	Total Nursing Facility Days As Filed Days = 25,495	FY24 Audited C/R Days	25,495									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,495	FY24 GL-PL Ins Rpt Days								25,495		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.37	$125.77	$0.00	$30.87	$26.30	*(with L&H)*	$37.66	$2.23	$4.94	$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2271**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$102.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$102.49	$0.00	$30.87	$26.30		$37.66	$2.23	$4.94	$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$213.82	$102.49	$0.00	$30.87	$26.30		$37.66	$2.23	13.67 *(FRV)*	$0.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$213.82	$102.49	$0.00	$30.87	$26.30	$0.00	$37.66	$2.23	$13.67	$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3316**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$136.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$247.81	$136.48	$0.00	$30.87	$26.30	$0.00	$37.66	$2.23	$13.67	$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$7.51	$7.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.82	$6.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$32.96	$14.86	$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	**$280.77**	**$151.34**	**$0.00**	**$31.09**	**$26.71**	**$0.00**	**$55.13**	**$2.23**	**$13.67**	**$0.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.75**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BONTERRA TRANSITIONAL CARE & REHABILITATION**
Prvdr ID: **00140357A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.63%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.22	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4138	1.4173
Quarterly Medicaid CMI:	1.5123	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5425	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,021,600	$4,415,593	$0	$680,257	$346,950	$384,313	$1,527,473		$1,667,014	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($452,583)	($28,241)	$0	$0	$0	$0	($328,908)		($95,434)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$332,467		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$95,397
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,996,881	$4,387,352	$0	$680,257	$346,950	$384,313	$1,198,565	$332,467	$1,571,580	$95,397
8	Total Nursing Facility Days As Filed Days = 40,879	FY24 Audited C/R Days	40,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,879	FY24 GL-PL Ins Rpt Days								40,879		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$220.08	$107.33	$0.00	$16.64	$17.89	*(with L&H)*	$29.32	$8.13	$38.44	$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4138**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$75.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.92	$0.00	$16.64	$17.89		$29.32	$8.13	$38.44	$2.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$162.12	$75.92	$0.00	$16.64	$17.89		$29.32	$8.13	11.89 *(FRV)*	$2.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$162.12	$75.92	$0.00	$16.64	$17.89	$0.00	$29.32	$8.13	$11.89	$2.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5425**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$117.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$203.31	$117.11	$0.00	$16.64	$17.89	$0.00	$29.32	$8.13	$11.89	$2.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$2.93	$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.51	$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.07	$6.97	$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	**$228.38**	**$124.08**	**$0.00**	**$16.86**	**$18.30**	**$0.00**	**$46.79**	**$8.13**	**$11.89**	**$2.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$158.46**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ANDERSON MILL CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00140379A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	13.04%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.60	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4981	1.4173
Quarterly Medicaid CMI:	1.4702	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4996	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,987,340	$6,590,284	$0	$947,930	$366,680	$429,156	$2,038,620		$1,614,670	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($445,495)	($261,038)	$0	($1,287)	$0	($13,461)	($34,955)		($134,754)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$246,497		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$134,754
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,923,096	$6,329,246	$0	$946,643	$366,680	$415,695	$2,003,665	$246,497	$1,479,916	$134,754
8	Total Nursing Facility Days As Filed Days = 51,322	FY24 Audited C/R Days	51,322									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,322	FY24 GL-PL Ins Rpt Days								51,322		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$232.32	$123.32	$0.00	$18.45	$15.24	*(with L&H)*	$39.04	$4.80	$28.84	$2.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4981**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.32	$0.00	$18.45	$15.24		$39.04	$4.80	$28.84	$2.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$174.08	$82.32	$0.00	$18.45	$15.24		$39.04	$4.80	11.60 *(FRV)*	$2.63
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$174.08	$82.32	$0.00	$18.45	$15.24	$0.00	$39.04	$4.80	$11.60	$2.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4996**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$123.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$215.21	$123.45	$0.00	$18.45	$15.24	$0.00	$39.04	$4.80	$11.60	$2.63
	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 = 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 = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.41	$7.41								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.04	$7.94	$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	**$241.25**	**$131.39**	**$0.00**	**$18.67**	**$15.65**	**$0.00**	**$56.51**	**$4.80**	**$11.60**	**$2.63**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.11**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - VIRGINIA PARK**
Prvdr ID: **00140401A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.89%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.85	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5794	1.4173
Quarterly Medicaid CMI:	1.5616	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5928	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,381,223	$6,484,525	$0	$1,144,515	$449,452	$941,015	$1,595,645		$766,071	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($597,794)	($124,737)	$0	($280)	$2,863	$5,693	($329,291)		($152,042)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$462,921		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$148,487
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,394,837	$6,359,788	$0	$1,144,235	$452,315	$946,708	$1,266,354	$462,921	$614,029	$148,487
8	Total Nursing Facility Days As Filed Days = 42,677	FY24 Audited C/R Days	42,677									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,677	FY24 GL-PL Ins Rpt Days								42,677		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$267.00	$149.02	$0.00	$26.81	$32.78	*(with L&H)*	$29.67	$10.85	$14.39	$3.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5794**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$94.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.35	$0.00	$26.81	$32.78		$29.67	$10.85	$14.39	$3.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$214.59	$94.35	$0.00	$26.81	$32.78		$29.67	$10.85	16.65 *(FRV)*	$3.48
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$214.59	$94.35	$0.00	$26.81	$32.78	$0.00	$29.67	$10.85	$16.65	$3.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5928**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$150.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$270.52	$150.28	$0.00	$26.81	$32.78	$0.00	$29.67	$10.85	$16.65	$3.48
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.50	$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.51	$7.51								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.64	$9.54	$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	**$298.16**	**$159.82**	**$0.00**	**$27.03**	**$33.19**	**$0.00**	**$47.14**	**$10.85**	**$16.65**	**$3.48**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$210.80**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BRIGHTMOOR NURSING CENTER, LLC**
Prvdr ID: **00140412A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.39%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.06	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4685	1.4173
Quarterly Medicaid CMI:	1.6615	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6948	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,551,157	$5,596,799	$0	$1,224,770	$785,473	$662,181	$1,644,678		$1,637,256	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($272,938)	($41,372)	$0	$0	$0	$0	($84,887)		($146,679)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$116,127		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$146,679
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,541,025	$5,555,427	$0	$1,224,770	$785,473	$662,181	$1,559,791	$116,127	$1,490,577	$146,679
8	Total Nursing Facility Days As Filed Days = 44,599	FY24 Audited C/R Days	44,599									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,599	FY24 GL-PL Ins Rpt Days								44,599		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$258.76	$124.56	$0.00	$27.46	$32.46	*(with L&H)*	$34.97	$2.60	$33.42	$3.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4685**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$84.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.82	$0.00	$27.46	$32.46		$34.97	$2.60	$33.42	$3.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$206.44	$84.82	$0.00	$27.46	$32.46		$34.97	$2.60	20.84 *(FRV)*	$3.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$206.44	$84.82	$0.00	$27.46	$32.46	$0.00	$34.97	$2.60	$20.84	$3.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6948**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.37	$143.75	$0.00	$27.46	$32.46	$0.00	$34.97	$2.60	$20.84	$3.29
	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	$1.44	$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.19	$7.19								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.26	$9.16	$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	**$292.63**	**$152.91**	**$0.00**	**$27.68**	**$32.87**	**$0.00**	**$52.44**	**$2.60**	**$20.84**	**$3.29**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.65**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BROWN'S HEALTH AND REHABILITATION**
Prvdr ID: **00140434A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	8.82%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.26	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3925	1.4173
Quarterly Medicaid CMI:	1.5074	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5375	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,342,144	$2,357,963	$0	$420,926	$190,623	$215,343	$779,137		$378,152	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($172,009)	($22,877)	$0	$0	$0	$0	($121,415)		($27,717)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$48,900		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$27,717
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,246,752	$2,335,086	$0	$420,926	$190,623	$215,343	$657,722	$48,900	$350,435	$27,717
8	Total Nursing Facility Days As Filed Days = 20,874	FY24 Audited C/R Days	20,874									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,874	FY24 GL-PL Ins Rpt Days								20,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$203.46	$111.87	$0.00	$20.17	$19.45	*(with L&H)*	$31.51	$2.34	$16.79	$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3925**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$80.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.34	$0.00	$20.17	$19.45		$31.51	$2.34	$16.79	$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$169.97	$80.34	$0.00	$20.17	$19.45		$31.51	$2.34	14.83 *(FRV)*	$1.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$169.97	$80.34	$0.00	$20.17	$19.45	$0.00	$31.51	$2.34	$14.83	$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5375**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$123.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$213.15	$123.52	$0.00	$20.17	$19.45	$0.00	$31.51	$2.34	$14.83	$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.71	$3.71								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.34	$4.24	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$235.49**	**$127.76**	**$0.00**	**$20.39**	**$19.86**	**$0.00**	**$48.98**	**$2.34**	**$14.83**	**$1.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$163.79**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - LANIER**
Prvdr ID: **00140456A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.58%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4884	1.4173
Quarterly Medicaid CMI:	1.5382	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5689	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,043,390	$4,095,541	$0	$529,395	$290,272	$512,172	$1,260,205		$355,805	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($464,684)	($108,934)	$0	$0	($1,213)	($700)	($331,666)		($22,171)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$422,323		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$23,384
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,024,413	$3,986,607	$0	$529,395	$289,059	$511,472	$928,539	$422,323	$333,634	$23,384
8	Total Nursing Facility Days As Filed Days = 29,374	FY24 Audited C/R Days	29,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,374	FY24 GL-PL Ins Rpt Days								29,374		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$239.14	$135.72	$0.00	$18.02	$27.25	*(with L&H)*	$31.61	$14.38	$11.36	$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4884**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.18	$0.00	$18.02	$27.25		$31.61	$14.38	$11.36	$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.33	$91.18	$0.00	$18.02	$27.25		$31.61	$14.38	11.09 *(FRV)*	$0.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$194.33	$91.18	$0.00	$18.02	$27.25	$0.00	$31.61	$14.38	$11.09	$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5689**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$246.20	$143.05	$0.00	$18.02	$27.25	$0.00	$31.61	$14.38	$11.09	$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.58	$3.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.15	$7.15								
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	$29.36	$11.26	$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	**$275.56**	**$154.31**	**$0.00**	**$18.24**	**$27.66**	**$0.00**	**$49.08**	**$14.38**	**$11.09**	**$0.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.85**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CHURCH HOME REHABILITATION AND HEALTHCARE**
Prvdr ID: **00140467A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.48%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.59	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4844	1.4173
Quarterly Medicaid CMI:	1.5048	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5349	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,009,638	$3,488,090	$0	$912,952	$326,113	$342,147	$920,817		$19,519	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($100,076)	($49,869)	$0	$0	($2,649)	$41,406	($75,367)		($13,597)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$81,215		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$13,486
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,004,263	$3,438,221	$0	$912,952	$323,464	$383,553	$845,450	$81,215	$5,922	$13,486
8	Total Nursing Facility Days As Filed Days = 25,234	FY24 Audited C/R Days	25,234									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,234	FY24 GL-PL Ins Rpt Days								25,234		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$237.93	$136.25	$0.00	$36.18	$28.02	*(with L&H)*	$33.50	$3.22	$0.23	$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4844**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.79	$0.00	$36.18	$28.02		$33.50	$3.22	$0.23	$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$221.00	$91.79	$0.00	$31.73	$28.02		$33.50	$3.22	32.21 *(FRV)*	$0.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$221.00	$91.79	$0.00	$31.73	$28.02	$0.00	$33.50	$3.22	$32.21	$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5349**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$140.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$270.10	$140.89	$0.00	$31.73	$28.02	$0.00	$33.50	$3.22	$32.21	$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)	$1.31	$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	$3.52	$3.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.64	$5.64								
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	$27.57	$9.69	$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	**$297.67**	**$150.58**	**$0.00**	**$31.73**	**$28.43**	**$0.00**	**$50.97**	**$3.22**	**$32.21**	**$0.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$210.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CALHOUN NURSING HOME**
Prvdr ID: **00140478A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	44.44%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.24	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7028	1.4173
Quarterly Medicaid CMI:	1.6633	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6966	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,740,631	$3,449,731	$0	$601,244	$306,099	$261,858	$728,434		$393,265	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($271,705)	$250,409	$0	$0	$0	($9,417)	($478,382)		($34,315)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$191,907		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$34,315
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,695,148	$3,700,140	$0	$601,244	$306,099	$252,441	$250,052	$191,907	$358,950	$34,315
8	Total Nursing Facility Days As Filed Days = 21,506	FY24 Audited C/R Days	21,506									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,506	FY24 GL-PL Ins Rpt Days								21,506		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$264.82	$172.05	$0.00	$27.96	$25.97	*(with L&H)*	$11.63	$8.92	$16.69	$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7028**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$101.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.04	$0.00	$27.96	$25.97		$11.63	$8.92	$16.69	$1.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.39	$101.04	$0.00	$27.96	$25.97		$11.63	$8.92	18.27 *(FRV)*	$1.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$195.39	$101.04	$0.00	$27.96	$25.97	$0.00	$11.63	$8.92	$18.27	$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6966**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$171.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.77	$171.42	$0.00	$27.96	$25.97	$0.00	$11.63	$8.92	$18.27	$1.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.29	$4.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.14	$5.14								
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	$28.06	$9.96	$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	**$293.83**	**$181.38**	**$0.00**	**$28.18**	**$26.38**	**$0.00**	**$29.10**	**$8.92**	**$18.27**	**$1.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$207.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CANTON CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00140511A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.73%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.74	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5209	1.4173
Quarterly Medicaid CMI:	1.4532	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4822	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,475,177	$4,196,108	$0	$762,740	$322,729	$419,634	$1,451,312		$1,322,654	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($326,839)	($246,201)	$0	$0	$0	($8,935)	($14,061)		($57,642)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$215,010		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$57,642
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,420,990	$3,949,907	$0	$762,740	$322,729	$410,699	$1,437,251	$215,010	$1,265,012	$57,642
8	Total Nursing Facility Days As Filed Days = 32,056	FY24 Audited C/R Days	32,056									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,056	FY24 GL-PL Ins Rpt Days								32,056		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$262.70	$123.22	$0.00	$23.79	$22.88	*(with L&H)*	$44.84	$6.71	$39.46	$1.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5209**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$81.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.02	$0.00	$23.79	$22.88		$44.84	$6.71	$39.46	$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.97	$81.02	$0.00	$23.79	$22.88		$39.61	$6.71	15.16 *(FRV)*	$1.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$190.97	$81.02	$0.00	$23.79	$22.88	$0.00	$39.61	$6.71	$15.16	$1.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4822**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$120.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.04	$120.09	$0.00	$23.79	$22.88	$0.00	$39.61	$6.71	$15.16	$1.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.20	$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.00	$6.00								
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	$25.46	$7.73	$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	**$255.50**	**$127.82**	**$0.00**	**$24.01**	**$23.29**	**$0.00**	**$56.71**	**$6.71**	**$15.16**	**$1.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$178.80**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **UNIVERSITY NURSING & REHAB CTR**
Prvdr ID: **00140533A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	7.94%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.89	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4102	1.4173
Quarterly Medicaid CMI:	1.5406	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5714	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,464,804	$4,429,421	$0	$718,490	$345,266	$301,811	$1,262,703		$1,407,113	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($164,695)	($261,537)	$0	$0	$0	$0	$167,198		($70,356)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$34,437		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$70,356
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,404,902	$4,167,884	$0	$718,490	$345,266	$301,811	$1,429,901	$34,437	$1,336,757	$70,356
8	Total Nursing Facility Days As Filed Days = 34,323	FY24 Audited C/R Days	34,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,323	FY24 GL-PL Ins Rpt Days								34,323		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$244.87	$121.43	$0.00	$20.93	$18.85	*(with L&H)*	$41.66	$1.00	$38.95	$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4102**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.11	$0.00	$20.93	$18.85		$41.66	$1.00	$38.95	$2.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.08	$86.11	$0.00	$20.93	$18.85		$39.61	$1.00	9.53 *(FRV)*	$2.05
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$178.08	$86.11	$0.00	$20.93	$18.85	$0.00	$39.61	$1.00	$9.53	$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5714**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$135.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.28	$135.31	$0.00	$20.93	$18.85	$0.00	$39.61	$1.00	$9.53	$2.05
	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	$4.06	$4.06								
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	$22.32	$4.59	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$249.60**	**$139.90**	**$0.00**	**$21.15**	**$19.26**	**$0.00**	**$56.71**	**$1.00**	**$9.53**	**$2.05**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$174.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE COTTAGES AT ROCKMART**
Prvdr ID: **00140544A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.41%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	6.40	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2790	1.4173
Quarterly Medicaid CMI:	1.6491	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6820	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,245,835	$5,127,159	$0	$401,473	$82,120	$398,820	$922,388		$2,313,875	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($257,555)	$14,166	$0	$0	($1,513)	$716	($116,259)		($154,665)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$131,412		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$161,641
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,281,333	$5,141,325	$0	$401,473	$80,607	$399,536	$806,129	$131,412	$2,159,210	$161,641
8	Total Nursing Facility Days As Filed Days = 25,233	FY24 Audited C/R Days	25,233									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,233	FY24 GL-PL Ins Rpt Days								25,233		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$367.83	$203.75	$0.00	$15.91	$19.03	*(with L&H)*	$31.95	$5.21	$85.57	$6.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2790**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$159.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$159.31	$0.00	$15.91	$19.03		$31.95	$5.21	$85.57	$6.41
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$249.47	$121.00	$0.00	$15.91	$19.03		$31.95	$5.21	49.96 *(FRV)*	$6.41
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$249.47	$121.00	$0.00	$15.91	$19.03	$0.00	$31.95	$5.21	$49.96	$6.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6820**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$203.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$331.99	$203.52	$0.00	$15.91	$19.03	$0.00	$31.95	$5.21	$49.96	$6.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.00	$0.00	$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	$2.04	$2.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.11	$6.11								
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	$26.25	$8.15	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$358.24**	**$211.67**	**$0.00**	**$16.13**	**$19.44**	**$0.00**	**$49.42**	**$5.21**	**$49.96**	**$6.41**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$255.86**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CALHOUN CROSSING OF JOURNEY LLC**
Prvdr ID: **00140577A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.07%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.93	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7900	1.4173
Quarterly Medicaid CMI:	2.0199	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.0603	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,624,071	$4,477,426	$0	$766,011	$535,929	$230,952	$961,858		$651,895	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($182,164)	($96,478)	$0	$0	$0	$0	($35,588)		($50,098)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$122,753		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$50,098
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,614,758	$4,380,948	$0	$766,011	$535,929	$230,952	$926,270	$122,753	$601,797	$50,098
8	Total Nursing Facility Days As Filed Days = 33,469	FY24 Audited C/R Days	33,469									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,469	FY24 GL-PL Ins Rpt Days								33,469		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$227.53	$130.90	$0.00	$22.89	$22.91	*(with L&H)*	$27.68	$3.67	$17.98	$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7900**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$73.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$73.13	$0.00	$22.89	$22.91		$27.68	$3.67	$17.98	$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$162.74	$73.13	$0.00	$22.89	$22.91		$27.68	$3.67	10.96 *(FRV)*	$1.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$162.74	$73.13	$0.00	$22.89	$22.91	$0.00	$27.68	$3.67	$10.96	$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.0603**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$150.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.28	$150.67	$0.00	$22.89	$22.91	$0.00	$27.68	$3.67	$10.96	$1.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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	$4.52	$4.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.15	$5.05	$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	**$263.43**	**$155.72**	**$0.00**	**$23.11**	**$23.32**	**$0.00**	**$45.15**	**$3.67**	**$10.96**	**$1.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.75**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CAMELLIA HEALTH & REHABILITATION**
Prvdr ID: **00140588A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.08%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.17	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3421	1.4173
Quarterly Medicaid CMI:	1.4058	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4340	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,088,778	$2,781,010	$0	$617,455	$248,908	$323,274	$899,320		$218,811	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($116,415)	$0	$0	$0	$0	$0	($88,839)		($27,576)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$88,839		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$27,576
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,088,778	$2,781,010	$0	$617,455	$248,908	$323,274	$810,481	$88,839	$191,235	$27,576
8	Total Nursing Facility Days As Filed Days = 20,542	FY24 Audited C/R Days	20,542									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,542	FY24 GL-PL Ins Rpt Days								20,542		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.71	$135.38	$0.00	$30.06	$27.85	*(with L&H)*	$39.45	$4.32	$9.31	$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3421**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$100.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.87	$0.00	$30.06	$27.85		$39.45	$4.32	$9.31	$1.34
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$218.69	$100.87	$0.00	$30.06	$27.85		$39.45	$4.32	14.80 *(FRV)*	$1.34
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$218.69	$100.87	$0.00	$30.06	$27.85	$0.00	$39.45	$4.32	$14.80	$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4340**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$144.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$262.47	$144.65	$0.00	$30.06	$27.85	$0.00	$39.45	$4.32	$14.80	$1.34
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.28	$0.53	$0.00	$0.22	$0.41	$0.00	$0.12		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.62	$3.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.68	$8.68								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$30.68	$12.83	$0.00	$0.22	$0.41	$0.00	$17.22	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$293.15**	**$157.48**	**$0.00**	**$30.28**	**$28.26**	**$0.00**	**$56.67**	**$4.32**	**$14.80**	**$1.34**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$207.04**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE RESERVE AT FORT GAINES OF JOURNEY LLC**
Prvdr ID: **00140599A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.42%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.06	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6984	1.4173
Quarterly Medicaid CMI:	1.6373	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6700	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,386,606	$2,035,684	$0	$443,617	$234,273	$285,137	$947,253		$440,642	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($99,717)	($42,772)	$0	($13,811)	$0	($1,347)	$9,724		($51,511)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$19,270		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$51,511
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,357,670	$1,992,912	$0	$429,806	$234,273	$283,790	$956,977	$19,270	$389,131	$51,511
8	Total Nursing Facility Days As Filed Days = 20,896	FY24 Audited C/R Days	20,896									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,896	FY24 GL-PL Ins Rpt Days								20,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$208.54	$95.37	$0.00	$20.57	$24.79	*(with L&H)*	$45.80	$0.92	$18.62	$2.47
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6984**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$56.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$56.15	$0.00	$20.57	$24.79		$45.80	$0.92	$18.62	$2.47
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$173.18	$56.15	$0.00	$20.57	$24.79		$39.61	$0.92	28.67 *(FRV)*	$2.47
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$173.18	$56.15	$0.00	$20.57	$24.79	$0.00	$39.61	$0.92	$28.67	$2.47
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6700**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$93.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$210.80	$93.77	$0.00	$20.57	$24.79	$0.00	$39.61	$0.92	$28.67	$2.47
	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	$2.34	$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.75	$3.75								
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	$24.35	$6.62	$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	**$235.15**	**$100.39**	**$0.00**	**$20.79**	**$25.20**	**$0.00**	**$56.71**	**$0.92**	**$28.67**	**$2.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$163.54**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARBORVIEW HEALTH SYSTEMS THOMASTON**
Prvdr ID: **00140621A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.67%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.86	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5836	1.4173
Quarterly Medicaid CMI:	1.8737	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.9112	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,705,614	$4,160,493	$0	$702,896	$428,950	$401,710	$1,519,343		$1,492,222	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($733,969)	($227,623)	$0	($4,844)	($7,164)	($4,350)	($381,582)		($108,406)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$61,017
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,032,662	$3,932,870	$0	$698,052	$421,786	$397,360	$1,137,761	$0	$1,383,816	$61,017
8	Total Nursing Facility Days As Filed Days = 39,033	FY24 Audited C/R Days	39,036									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,033	FY24 GL-PL Ins Rpt Days								39,036		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$205.77	$100.75	$0.00	$17.88	$20.98	*(with L&H)*	$29.15	$0.00	$35.45	$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5836**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$63.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$63.62	$0.00	$17.88	$20.98		$29.15	$0.00	$35.45	$1.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$143.90	$63.62	$0.00	$17.88	$20.98		$29.15	$0.00	10.71 *(FRV)*	$1.56
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$143.90	$63.62	$0.00	$17.88	$20.98	$0.00	$29.15	$0.00	$10.71	$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9112**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$121.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$201.87	$121.59	$0.00	$17.88	$20.98	$0.00	$29.15	$0.00	$10.71	$1.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.08	$6.08								
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	$24.71	$6.61	$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	**$226.58**	**$128.20**	**$0.00**	**$18.10**	**$21.39**	**$0.00**	**$46.62**	**$0.00**	**$10.71**	**$1.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$157.11**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CHEROKEE CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00140643A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.38%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.50	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3738	1.4173
Quarterly Medicaid CMI:	1.4425	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4713	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,723,853	$4,019,872	$0	$636,685	$305,474	$440,016	$1,454,136		$867,670	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($218,601)	($122,740)	$0	$0	$0	($9,002)	($18,572)		($68,287)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$124,813		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$68,287
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,698,352	$3,897,132	$0	$636,685	$305,474	$431,014	$1,435,564	$124,813	$799,383	$68,287
8	Total Nursing Facility Days As Filed Days = 31,405	FY24 Audited C/R Days	31,405									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,405	FY24 GL-PL Ins Rpt Days								31,405		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$245.11	$124.09	$0.00	$20.27	$23.45	*(with L&H)*	$45.71	$3.97	$25.45	$2.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3738**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$90.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.33	$0.00	$20.27	$23.45		$45.71	$3.97	$25.45	$2.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.97	$90.33	$0.00	$20.27	$23.45		$39.61	$3.97	17.17 *(FRV)*	$2.17
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$196.97	$90.33	$0.00	$20.27	$23.45	$0.00	$39.61	$3.97	$17.17	$2.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4713**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$132.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$239.54	$132.90	$0.00	$20.27	$23.45	$0.00	$39.61	$3.97	$17.17	$2.17
	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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.65	$6.65								
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	$24.91	$7.18	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$264.45**	**$140.08**	**$0.00**	**$20.49**	**$23.86**	**$0.00**	**$56.71**	**$3.97**	**$17.17**	**$2.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$185.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **Harmony Health and Rehabilitation**
Prvdr ID: **00140665A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.29%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.05	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2333	1.4173
Quarterly Medicaid CMI:	1.3219	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3483	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,417,262	$4,449,807	$0	$521,533	$346,910	$416,275	$995,018		$687,719	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($276,449)	($59,280)	$0	($2,397)	$0	$3,747	($118,053)		($100,466)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$103,949		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$100,466
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,345,228	$4,390,527	$0	$519,136	$346,910	$420,022	$876,965	$103,949	$587,253	$100,466
8	Total Nursing Facility Days As Filed Days = 31,873	FY24 Audited C/R Days	31,873									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,873	FY24 GL-PL Ins Rpt Days								31,873		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.44	$137.75	$0.00	$16.29	$24.06	*(with L&H)*	$27.51	$3.26	$18.42	$3.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2333**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$111.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$111.69	$0.00	$16.29	$24.06		$27.51	$3.26	$18.42	$3.15
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.28	$111.69	$0.00	$16.29	$24.06		$27.51	$3.26	18.32 *(FRV)*	$3.15
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$204.28	$111.69	$0.00	$16.29	$24.06	$0.00	$27.51	$3.26	$18.32	$3.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3483**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$150.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$243.18	$150.59	$0.00	$16.29	$24.06	$0.00	$27.51	$3.26	$18.32	$3.15
	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	$3.76	$3.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.02	$6.02								
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	$28.41	$10.31	$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	**$271.59**	**$160.90**	**$0.00**	**$16.51**	**$24.47**	**$0.00**	**$44.98**	**$3.26**	**$18.32**	**$3.15**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$190.87**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - EASTSIDE**
Prvdr ID: **00140687A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.13%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.04	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5263	1.4173
Quarterly Medicaid CMI:	1.5156	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5459	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,847,071	$3,050,446	$0	$540,274	$335,505	$507,434	$1,018,577		$394,835	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($352,307)	($53,000)	$0	$0	($100)	$0	($270,325)		($28,882)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$324,830		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$30,393
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,849,987	$2,997,446	$0	$540,274	$335,405	$507,434	$748,252	$324,830	$365,953	$30,393
8	Total Nursing Facility Days As Filed Days = 28,080	FY24 Audited C/R Days	28,080									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,080	FY24 GL-PL Ins Rpt Days								28,080		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$208.34	$106.75	$0.00	$19.24	$30.02	*(with L&H)*	$26.65	$11.57	$13.03	$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5263**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$69.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$69.94	$0.00	$19.24	$30.02		$26.65	$11.57	$13.03	$1.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$173.90	$69.94	$0.00	$19.24	$30.02		$26.65	$11.57	15.40 *(FRV)*	$1.08
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$173.90	$69.94	$0.00	$19.24	$30.02	$0.00	$26.65	$11.57	$15.40	$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5459**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$108.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$212.08	$108.12	$0.00	$19.24	$30.02	$0.00	$26.65	$11.57	$15.40	$1.08
	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	$1.08	$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.41	$5.41								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.12	$7.02	$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	**$237.20**	**$115.14**	**$0.00**	**$19.46**	**$30.43**	**$0.00**	**$44.12**	**$11.57**	**$15.40**	**$1.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.08**									

MONTH: 7/1/2026

FISCAL YEAR ENDING JUNE 30, 2024 **AUDITED**

Provider Name	Provider Number		RS-SNF	RS-ICF	SP-SERV	Dietary	Lnd-Hse	Opr-Mnt	Adm-Genrl	Prop Rel	
GRACEWOOD UNIT #9	00140709A		1	1	1	1	2	2	2	3	
CERTIFIED BEDS	56		SNF	ICF			**COST**	**CENTERS**			
MEDICAID DAYS (2024)	5,122		5830	0							
Descriptions	Total SNF	Total ICF	Routine Srvc SNF	Routine Srvc ICF	Special Services	Dietary	Laundry/ Housekpng	Operations/ Maintence	Admin/ General	Prop. Related	Tax/ *Ins*
REP HST COST	$ 5,814,305	$ -	$ 3,841,288		$ 653,703	$ 187,984	$ 382,321	$ 326,972	$ 295,047	$ 114,944	$ 12,046
HIST COST ADJ											
1399	$ (653,703)	$ -			$ (653,703)						
1199	$ 653,703	$ -	$ 653,703								
1699	$ (326,972)	$ -						$ (326,972)			
1599	$ 326,972						$ 326,972				
1899	$ -	$ -								$ -	
1999	$ -	$ -									
1100	$ -		$ -								
1400	$ -	$ -				$ -					
1500	$ -	$ -					$ -				
1700	$ -	$ -							$ -		
1800	$ -	$ -								$ -	
1898	$ -									$ -	$ -
TOTAL HIST ADJ	$ -	$ -	$ 653,703	$ -	$ (653,703)	$ -	$ 326,972	$ (326,972)	$ -	$ -	$ -
NET HST COST	$ 5,814,305	$ -	$ 4,494,991	$ -	$ -	$ 187,984	$ 709,293	$ -	$ 295,047	$ 114,944	$ 12,046
PROJ COST ADJ										$ -	
2800	$ -										
2000	$ -		$ -			$ -	$ -		$ -	$ -	
TOTAL PROJ ADJS	$ -		$ -	$ -	$ -	$ -	$ -		$ -	$ -	
TOTAL HST/PROJ	$ 5,814,305	$ -	$ 4,494,991	$ -	$ -	$ 187,984	$ 709,293		$ 295,047	$ 114,944	$ 12,046
REP PAT DAYS	5,830		5,830			5,830	5,830		5,830	5,830	5,830
PAT DAY ADJS	-										
ADJ PAT DAYS	5,830		5,830	-	-	5,830	5,830		5,830	5,830	5,830
NET PER DIEM	$ 997.31	$ -	$ 771.01	$ -	$ -	$ 32.24	$ 121.66		$ 50.61	$ 19.72	$ 2.07
STAND PER DIEM	$ 997.31	$ -	$ 771.01	$ -	$ -	$ 32.24	$ 121.66		$ 50.61	$ 19.72	$ 2.07
COMP ADD	$ -										
ALLOW PER DIEM	$ 997.31	$ -	$ 771.01	$ -	$ -	$ 32.24	$ 121.66		$ 50.61	$ 19.72	$ 2.07
GTH 0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -
INCEN PER DIEM	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -		
TOTAL PER DIEM	**$ 997.31**	**$ -**									

UPL GAP PER DIEM

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARBORVIEW ROME**
Prvdr ID: **00140753A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.71%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.92	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6081	1.4173
Quarterly Medicaid CMI:	1.8839	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.9216	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,685,473	$4,182,352	$0	$623,042	$308,684	$463,155	$1,398,905		$1,709,335	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($401,783)	($199,066)	$0	$0	$0	($685)	($104,247)		($97,785)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$148,230		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$97,785
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,529,705	$3,983,286	$0	$623,042	$308,684	$462,470	$1,294,658	$148,230	$1,611,550	$97,785
8	Total Nursing Facility Days As Filed Days = 32,611	FY24 Audited C/R Days	32,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,611	FY24 GL-PL Ins Rpt Days								32,611		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$261.58	$122.15	$0.00	$19.11	$23.65	*(with L&H)*	$39.70	$4.55	$49.42	$3.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6081**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$75.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.96	$0.00	$19.11	$23.65		$39.70	$4.55	$49.42	$3.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$181.00	$75.96	$0.00	$19.11	$23.65		$39.61	$4.55	15.12 *(FRV)*	$3.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$181.00	$75.96	$0.00	$19.11	$23.65	$0.00	$39.61	$4.55	$15.12	$3.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9216**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$145.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.00	$145.96	$0.00	$19.11	$23.65	$0.00	$39.61	$4.55	$15.12	$3.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.65	$3.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.76	$8.76								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$30.67	$12.94	$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	**$281.67**	**$158.90**	**$0.00**	**$19.33**	**$24.06**	**$0.00**	**$56.71**	**$4.55**	**$15.12**	**$3.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - CRESTWOOD, LLC**
Prvdr ID: **00140764A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	43.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3290	1.4173
Quarterly Medicaid CMI:	1.4320	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4606	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,730,706	$3,067,517	$0	$460,380	$240,182	$500,431	$1,031,535		$430,661	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($295,203)	($11,617)	$0	$0	$0	$0	($266,671)		($16,915)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$285,205		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$18,193
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,738,901	$3,055,900	$0	$460,380	$240,182	$500,431	$764,864	$285,205	$413,746	$18,193
8	Total Nursing Facility Days As Filed Days = 24,619	FY24 Audited C/R Days	24,619									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,619	FY24 GL-PL Ins Rpt Days								24,619		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.11	$124.13	$0.00	$18.70	$30.08	*(with L&H)*	$31.07	$11.58	$16.81	$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3290**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$93.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.40	$0.00	$18.70	$30.08		$31.07	$11.58	$16.81	$0.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$198.29	$93.40	$0.00	$18.70	$30.08		$31.07	$11.58	12.72 *(FRV)*	$0.74
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$198.29	$93.40	$0.00	$18.70	$30.08	$0.00	$31.07	$11.58	$12.72	$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4606**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$136.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$241.31	$136.42	$0.00	$18.70	$30.08	$0.00	$31.07	$11.58	$12.72	$0.74
	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	$3.41	$3.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.82	$6.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.86	$10.76	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$270.17**	**$147.18**	**$0.00**	**$18.92**	**$30.49**	**$0.00**	**$48.54**	**$11.58**	**$12.72**	**$0.74**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.80**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GATEWAY HEALTH AND REHAB**
Prvdr ID: **00140786A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.82%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.35	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2417	1.4173
Quarterly Medicaid CMI:	1.3816	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4092	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,256,051	$2,349,745	$0	$476,214	$285,110	$237,420	$642,539		$265,023	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($72,140)	($113,959)	$0	$0	$0	$859	$48,874		($7,914)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$62,269		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$22,225
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,268,405	$2,235,786	$0	$476,214	$285,110	$238,279	$691,413	$62,269	$257,109	$22,225
8	Total Nursing Facility Days As Filed Days = 16,570	FY24 Audited C/R Days	16,570									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,570	FY24 GL-PL Ins Rpt Days								16,570		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$257.61	$134.93	$0.00	$28.74	$31.59	*(with L&H)*	$41.73	$3.76	$15.52	$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2417**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$108.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.67	$0.00	$28.74	$31.59		$41.73	$3.76	$15.52	$1.34
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$222.92	$108.67	$0.00	$28.74	$31.59		$39.61	$3.76	9.21 *(FRV)*	$1.34
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$222.92	$108.67	$0.00	$28.74	$31.59	$0.00	$39.61	$3.76	$9.21	$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4092**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$267.39	$153.14	$0.00	$28.74	$31.59	$0.00	$39.61	$3.76	$9.21	$1.34
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.83	$3.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.59	$4.59								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.68	$8.95	$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	**$294.07**	**$162.09**	**$0.00**	**$28.96**	**$32.00**	**$0.00**	**$56.71**	**$3.76**	**$9.21**	**$1.34**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$207.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **DAWSON HEALTH AND REHABILITATION**
Prvdr ID: **00140808A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.93%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2789	1.4173
Quarterly Medicaid CMI:	1.3019	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3279	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,723,281	$2,784,990	$0	$688,871	$385,620	$270,618	$1,014,514		$578,668	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($84,585)	$0	$0	$0	$0	$0	($51,653)		($32,932)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$51,653		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$32,932
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,723,281	$2,784,990	$0	$688,871	$385,620	$270,618	$962,861	$51,653	$545,736	$32,932
8	Total Nursing Facility Days As Filed Days = 21,006	FY24 Audited C/R Days	21,006									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,006	FY24 GL-PL Ins Rpt Days								21,006		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$272.46	$132.58	$0.00	$32.79	$31.24	*(with L&H)*	$45.84	$2.46	$25.98	$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2789**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$103.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$103.67	$0.00	$32.79	$31.24		$45.84	$2.46	$25.98	$1.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$225.65	$103.67	$0.00	$31.73	$31.24		$39.61	$2.46	15.37 *(FRV)*	$1.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$225.65	$103.67	$0.00	$31.73	$31.24	$0.00	$39.61	$2.46	$15.37	$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3279**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$259.64	$137.66	$0.00	$31.73	$31.24	$0.00	$39.61	$2.46	$15.37	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.44	$3.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.88	$6.88								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.36	$10.85	$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	**$288.00**	**$148.51**	**$0.00**	**$31.73**	**$31.65**	**$0.00**	**$56.71**	**$2.46**	**$15.37**	**$1.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.18**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CARROLLTON MANOR, INCORPORATED**
Prvdr ID: **00140852A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	50.65%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.90	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4081	1.4173
Quarterly Medicaid CMI:	1.3527	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3798	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,752,413	$4,120,161	$0	$845,813	$342,824	$184,779	$1,079,614		$179,222	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($286,923)	($38,431)	$0	($880)	$2,149	$1,157	($207,044)		($43,874)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$221,655		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$44,149
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,731,294	$4,081,730	$0	$844,933	$344,973	$185,936	$872,570	$221,655	$135,348	$44,149
8	Total Nursing Facility Days As Filed Days = 33,246	FY24 Audited C/R Days	33,246									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,246	FY24 GL-PL Ins Rpt Days								33,246		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$202.47	$122.77	$0.00	$25.41	$15.97	*(with L&H)*	$26.25	$6.67	$4.07	$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4081**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$87.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.19	$0.00	$25.41	$15.97		$26.25	$6.67	$4.07	$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$177.52	$87.19	$0.00	$25.41	$15.97		$26.25	$6.67	14.70 *(FRV)*	$1.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$177.52	$87.19	$0.00	$25.41	$15.97	$0.00	$26.25	$6.67	$14.70	$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3798**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$120.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$210.63	$120.30	$0.00	$25.41	$15.97	$0.00	$26.25	$6.67	$14.70	$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$6.62	$6.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.61	$3.61								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.86	$10.76	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$239.49**	**$131.06**	**$0.00**	**$25.63**	**$16.38**	**$0.00**	**$43.72**	**$6.67**	**$14.70**	**$1.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$166.79**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **EARLY MEMORIAL NURSING FACILITY**
Prvdr ID: **00140874A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.68%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.23	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3608	1.4173
Quarterly Medicaid CMI:	1.3352	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3619	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,043,052	$3,844,060	$0	$1,095,211	$111,153	$79,917	$1,286,264		$626,447	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($43,958)	($1,010)	$0	($60,280)	$5,654	($1,509)	($63,746)		$76,933	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$56,146		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,055,240	$3,843,050	$0	$1,034,931	$116,807	$78,408	$1,222,518	$56,146	$703,380	$0
8	Total Nursing Facility Days As Filed Days = 33,785	FY24 Audited C/R Days	33,785									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,785	FY24 GL-PL Ins Rpt Days								33,785		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$208.83	$113.75	$0.00	$30.63	$5.78	*(with L&H)*	$36.19	$1.66	$20.82	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3608**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$83.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.59	$0.00	$30.63	$5.78		$36.19	$1.66	$20.82	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$170.79	$83.59	$0.00	$30.63	$5.78		$36.19	$1.66	12.94 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$170.79	$83.59	$0.00	$30.63	$5.78	$0.00	$36.19	$1.66	$12.94	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3619**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$113.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$201.04	$113.84	$0.00	$30.63	$5.78	$0.00	$36.19	$1.66	$12.94	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.85	$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.42	$3.42								
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	$24.90	$6.80	$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	**$225.94**	**$120.64**	**$0.00**	**$30.85**	**$6.19**	**$0.00**	**$53.66**	**$1.66**	**$12.94**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$156.63**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - LAKESIDE, LLC**
Prvdr ID: **00140885A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.98%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.24	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3026	1.4173
Quarterly Medicaid CMI:	1.4549	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4840	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,273,973	$2,326,944	$0	$427,795	$275,086	$337,146	$829,860		$77,142	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($202,726)	$0	$0	$0	$0	$0	($167,597)		($35,129)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$162,234		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$35,129
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,268,610	$2,326,944	$0	$427,795	$275,086	$337,146	$662,263	$162,234	$42,013	$35,129
8	Total Nursing Facility Days As Filed Days = 20,335	FY24 Audited C/R Days	20,335									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,335	FY24 GL-PL Ins Rpt Days								20,335		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$209.93	$114.43	$0.00	$21.04	$30.11	*(with L&H)*	$32.57	$7.98	$2.07	$1.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3026**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$87.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.85	$0.00	$21.04	$30.11		$32.57	$7.98	$2.07	$1.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$192.09	$87.85	$0.00	$21.04	$30.11		$32.57	$7.98	10.81 *(FRV)*	$1.73
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$192.09	$87.85	$0.00	$21.04	$30.11	$0.00	$32.57	$7.98	$10.81	$1.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4840**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$130.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.61	$130.37	$0.00	$21.04	$30.11	$0.00	$32.57	$7.98	$10.81	$1.73
	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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.52	$6.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.15	$7.05	$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	**$259.76**	**$137.42**	**$0.00**	**$21.26**	**$30.52**	**$0.00**	**$50.04**	**$7.98**	**$10.81**	**$1.73**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$182.00**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **EFFINGHAM CARE & REHABILITATION CENTER**
Prvdr ID: **00140907A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	50.75%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.62	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3217	1.4173
Quarterly Medicaid CMI:	1.3157	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3420	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,427,687	$5,739,012	$0	$1,750,462	$436,668	$468,437	$2,556,215		$476,893	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($322,896)	($216,481)	$0	$0	$440	$472	($75,836)		($31,491)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$75,836		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$31,523
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,212,150	$5,522,531	$0	$1,750,462	$437,108	$468,909	$2,480,379	$75,836	$445,402	$31,523
8	Total Nursing Facility Days As Filed Days = 32,727	FY24 Audited C/R Days	32,727									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,727	FY24 GL-PL Ins Rpt Days								32,727		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$342.60	$168.75	$0.00	$53.49	$27.68	*(with L&H)*	$75.79	$2.32	$13.61	$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3217**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$127.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$127.68	$0.00	$53.49	$27.68		$75.79	$2.32	$13.61	$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.30	$121.00	$0.00	$41.20	$27.68		$39.61	$2.32	14.53 *(FRV)*	$0.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$247.30	$121.00	$0.00	$41.20	$27.68	$0.00	$39.61	$2.32	$14.53	$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3420**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$162.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$288.68	$162.38	$0.00	$41.20	$27.68	$0.00	$39.61	$2.32	$14.53	$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)	$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	$8.93	$8.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.74	$9.74								
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	$36.18	$18.67	$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	**$324.86**	**$181.05**	**$0.00**	**$41.20**	**$28.09**	**$0.00**	**$56.71**	**$2.32**	**$14.53**	**$0.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$230.82**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - WARNER ROBINS, LLC**
Prvdr ID: **00140918A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4076	1.4173
Quarterly Medicaid CMI:	1.6178	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6502	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,477,156	$2,329,789	$0	$509,767	$313,141	$307,070	$867,582		$149,807	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($200,701)	($64,762)	$0	$0	$0	$60,933	($135,892)		($60,980)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$132,718		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$60,980
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,470,153	$2,265,027	$0	$509,767	$313,141	$368,003	$731,690	$132,718	$88,827	$60,980
8	Total Nursing Facility Days As Filed Days = 21,390	FY24 Audited C/R Days	21,390									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,390	FY24 GL-PL Ins Rpt Days								21,390		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$208.97	$105.89	$0.00	$23.83	$31.84	*(with L&H)*	$34.21	$6.20	$4.15	$2.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4076**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$75.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.23	$0.00	$23.83	$31.84		$34.21	$6.20	$4.15	$2.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$215.32	$75.23	$0.00	$23.83	$31.84		$34.21	$6.20	41.16 *(FRV)*	$2.85
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$215.32	$75.23	$0.00	$23.83	$31.84	$0.00	$34.21	$6.20	$41.16	$2.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6502**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$124.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$264.23	$124.14	$0.00	$23.83	$31.84	$0.00	$34.21	$6.20	$41.16	$2.85
	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	$3.10	$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.72	$3.72								
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	$25.45	$7.35	$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	**$289.68**	**$131.49**	**$0.00**	**$24.05**	**$32.25**	**$0.00**	**$51.68**	**$6.20**	**$41.16**	**$2.85**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **EMANUEL COUNTY NURSING HOME**
Prvdr ID: **00140929A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.23%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.75	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3005	1.4173
Quarterly Medicaid CMI:	1.4677	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4970	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,699,437	$2,333,929	$0	$712,487	$379,097	$275,653	$859,980		$138,291	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($24,622)	$51,277	$0	$0	($11,806)	$0	($64,093)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$24,622		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,699,437	$2,385,206	$0	$712,487	$367,291	$275,653	$795,887	$24,622	$138,291	$0
8	Total Nursing Facility Days As Filed Days = 16,477	FY24 Audited C/R Days	16,477									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,477	FY24 GL-PL Ins Rpt Days								16,477		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$285.20	$144.76	$0.00	$43.24	$39.02	*(with L&H)*	$48.30	$1.49	$8.39	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3005**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$111.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$111.31	$0.00	$43.24	$39.02		$48.30	$1.49	$8.39	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$248.81	$111.31	$0.00	$41.20	$35.91		$39.61	$1.49	19.29 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$248.81	$111.31	$0.00	$41.20	$35.91	$0.00	$39.61	$1.49	$19.29	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4970**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$166.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$304.13	$166.63	$0.00	$41.20	$35.91	$0.00	$39.61	$1.49	$19.29	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.00	$5.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.63	$5.53	$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	**$326.76**	**$172.16**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$56.71**	**$1.49**	**$19.29**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$232.25**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - BLUE RIDGE**
Prvdr ID: **00140973A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.26%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.81	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3869	1.4173
Quarterly Medicaid CMI:	1.7050	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7391	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,313,171	$3,557,667	$0	$552,019	$249,621	$532,782	$1,100,217		$320,865	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($414,700)	($210,403)	$0	$0	($99)	$4,421	($170,611)		($38,008)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$364,515		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$39,408
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,302,394	$3,347,264	$0	$552,019	$249,522	$537,203	$929,606	$364,515	$282,857	$39,408
8	Total Nursing Facility Days As Filed Days = 24,846	FY24 Audited C/R Days	24,846									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,846	FY24 GL-PL Ins Rpt Days								24,846		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$253.65	$134.72	$0.00	$22.22	$31.66	*(with L&H)*	$37.41	$14.67	$11.38	$1.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3869**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.14	$0.00	$22.22	$31.66		$37.41	$14.67	$11.38	$1.59
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$216.28	$97.14	$0.00	$22.22	$31.66		$37.41	$14.67	11.59 *(FRV)*	$1.59
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$216.28	$97.14	$0.00	$22.22	$31.66	$0.00	$37.41	$14.67	$11.59	$1.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7391**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$168.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$288.08	$168.94	$0.00	$22.22	$31.66	$0.00	$37.41	$14.67	$11.59	$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)	$1.53	$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	$4.22	$4.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.45	$8.45								
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	$31.30	$13.20	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$319.38**	**$182.14**	**$0.00**	**$22.44**	**$32.07**	**$0.00**	**$54.88**	**$14.67**	**$11.59**	**$1.59**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$226.71**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **FIFTH AVENUE HEALTH CARE**
Prvdr ID: **00140984A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.69%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.34	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3476	1.4173
Quarterly Medicaid CMI:	1.4103	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4385	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,432,666	$3,394,015	$0	$650,047	$459,725	$344,769	$999,139		$584,971	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($117,749)	($50,410)	$0	$0	$0	($15,599)	($12,588)		($39,152)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$106,097		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$44,971
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,465,985	$3,343,605	$0	$650,047	$459,725	$329,170	$986,551	$106,097	$545,819	$44,971
8	Total Nursing Facility Days As Filed Days = 21,963	FY24 Audited C/R Days	21,963									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,963	FY24 GL-PL Ins Rpt Days								21,963		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$294.41	$152.24	$0.00	$29.60	$35.92	*(with L&H)*	$44.92	$4.83	$24.85	$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3476**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$112.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$112.97	$0.00	$29.60	$35.92		$44.92	$4.83	$24.85	$2.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$238.98	$112.97	$0.00	$29.60	$35.91		$39.61	$4.83	14.01 *(FRV)*	$2.05
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$238.98	$112.97	$0.00	$29.60	$35.91	$0.00	$39.61	$4.83	$14.01	$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4385**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$162.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$288.52	$162.51	$0.00	$29.60	$35.91	$0.00	$39.61	$4.83	$14.01	$2.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (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	$4.88	$4.88								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.36	$7.04	$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	**$312.88**	**$169.55**	**$0.00**	**$29.82**	**$35.91**	**$0.00**	**$56.71**	**$4.83**	**$14.01**	**$2.05**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$221.84**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - FITZGERALD**
Prvdr ID: **00140995A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.38%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.31	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4561	1.4173
Quarterly Medicaid CMI:	1.5517	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5828	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,639,834	$2,380,606	$0	$423,355	$279,988	$409,991	$931,473		$214,421	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($312,603)	($37,690)	$0	$0	($467)	$0	($242,627)		($31,819)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$281,873		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$61,216
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,670,320	$2,342,916	$0	$423,355	$279,521	$409,991	$688,846	$281,873	$182,602	$61,216
8	Total Nursing Facility Days As Filed Days = 23,964	FY24 Audited C/R Days	23,964									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,964	FY24 GL-PL Ins Rpt Days								23,964		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$194.89	$97.77	$0.00	$17.67	$28.77	*(with L&H)*	$28.75	$11.76	$7.62	$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4561**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$67.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$67.15	$0.00	$17.67	$28.77		$28.75	$11.76	$7.62	$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$171.37	$67.15	$0.00	$17.67	$28.77		$28.75	$11.76	14.72 *(FRV)*	$2.55
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$171.37	$67.15	$0.00	$17.67	$28.77	$0.00	$28.75	$11.76	$14.72	$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5828**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$106.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$210.51	$106.29	$0.00	$17.67	$28.77	$0.00	$28.75	$11.76	$14.72	$2.55
	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	$2.66	$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.38	$6.38								
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	$27.67	$9.57	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$238.18**	**$115.86**	**$0.00**	**$17.89**	**$29.18**	**$0.00**	**$46.22**	**$11.76**	**$14.72**	**$2.55**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.81**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **FOLKSTON PARK CARE AND REHABILITATION CENTER**
Prvdr ID: **00141006A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.19%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.26	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3476	1.4173
Quarterly Medicaid CMI:	1.3102	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3364	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,916,273	$2,567,300	$0	$493,942	$210,288	$275,455	$957,990		$411,298	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($356,284)	($31,805)	$0	($2,196)	($3,423)	$8,062	($298,083)		($28,839)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$64,830		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$28,839
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,653,658	$2,535,495	$0	$491,746	$206,865	$283,517	$659,907	$64,830	$382,459	$28,839
8	Total Nursing Facility Days As Filed Days = 24,565	FY24 Audited C/R Days	24,565									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,565	FY24 GL-PL Ins Rpt Days								24,565		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$189.44	$103.22	$0.00	$20.02	$19.96	*(with L&H)*	$26.86	$2.64	$15.57	$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3476**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$76.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.60	$0.00	$20.02	$19.96		$26.86	$2.64	$15.57	$1.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$158.38	$76.60	$0.00	$20.02	$19.96		$26.86	$2.64	11.13 *(FRV)*	$1.17
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$158.38	$76.60	$0.00	$20.02	$19.96	$0.00	$26.86	$2.64	$11.13	$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3364**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$184.15	$102.37	$0.00	$20.02	$19.96	$0.00	$26.86	$2.64	$11.13	$1.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.56	$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.05	$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.24	$5.14	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$207.39**	**$107.51**	**$0.00**	**$20.24**	**$20.37**	**$0.00**	**$44.33**	**$2.64**	**$11.13**	**$1.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$142.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - FORSYTH**
Prvdr ID: **00141017A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.59%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.80	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4983	1.4173
Quarterly Medicaid CMI:	1.4702	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4996	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,584,273	$2,506,649	$0	$453,792	$184,741	$418,773	$880,344		$139,974	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($283,937)	($77,765)	$0	$0	($117)	($9,930)	($166,096)		($30,029)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$260,346		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$28,199
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,588,881	$2,428,884	$0	$453,792	$184,624	$408,843	$714,248	$260,346	$109,945	$28,199
8	Total Nursing Facility Days As Filed Days = 18,851	FY24 Audited C/R Days	18,851									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,851	FY24 GL-PL Ins Rpt Days								18,851		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$243.43	$128.85	$0.00	$24.07	$31.48	*(with L&H)*	$37.89	$13.81	$5.83	$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4983**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.00	$0.00	$24.07	$31.48		$37.89	$13.81	$5.83	$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.88	$86.00	$0.00	$24.07	$31.48		$37.89	$13.81	11.13 *(FRV)*	$1.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$205.88	$86.00	$0.00	$24.07	$31.48	$0.00	$37.89	$13.81	$11.13	$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4996**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$128.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.85	$128.97	$0.00	$24.07	$31.48	$0.00	$37.89	$13.81	$11.13	$1.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.29	$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.45	$6.45								
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	$26.37	$8.27	$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	**$275.22**	**$137.24**	**$0.00**	**$24.29**	**$31.89**	**$0.00**	**$55.36**	**$13.81**	**$11.13**	**$1.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.59**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **FORT VALLEY CROSSING OF JOURNEY LLC**
Prvdr ID: **00141028A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.67%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.40	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4746	1.4173
Quarterly Medicaid CMI:	1.6523	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6854	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,851,082	$2,180,723	$0	$446,274	$190,424	$210,682	$1,149,783		$673,196	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($91,253)	($22,281)	$0	$0	$548	$606	($24,869)		($45,257)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$39,371		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$45,387
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,844,587	$2,158,442	$0	$446,274	$190,972	$211,288	$1,124,914	$39,371	$627,939	$45,387
8	Total Nursing Facility Days As Filed Days = 17,914	FY24 Audited C/R Days	17,914									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,914	FY24 GL-PL Ins Rpt Days								17,914		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$270.44	$120.49	$0.00	$24.91	$22.46	*(with L&H)*	$62.80	$2.20	$35.05	$2.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4746**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$81.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.71	$0.00	$24.91	$22.46		$62.80	$2.20	$35.05	$2.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.34	$81.71	$0.00	$24.91	$22.46		$39.61	$2.20	11.92 *(FRV)*	$2.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$185.34	$81.71	$0.00	$24.91	$22.46	$0.00	$39.61	$2.20	$11.92	$2.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6854**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$241.34	$137.71	$0.00	$24.91	$22.46	$0.00	$39.61	$2.20	$11.92	$2.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.38	$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	$22.39	$4.66	$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	**$263.73**	**$142.37**	**$0.00**	**$25.13**	**$22.87**	**$0.00**	**$56.71**	**$2.20**	**$11.92**	**$2.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.97**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - FRANKLIN**
Prvdr ID: **00141039A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.64%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3210	1.4173
Quarterly Medicaid CMI:	1.6142	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6465	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,482,190	$2,932,488	$0	$572,085	$280,110	$352,793	$910,698		$434,016	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($298,725)	($67,331)	$0	$0	$0	$0	($210,538)		($20,856)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$281,584		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$22,051
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,487,100	$2,865,157	$0	$572,085	$280,110	$352,793	$700,160	$281,584	$413,160	$22,051
8	Total Nursing Facility Days As Filed Days = 20,469	FY24 Audited C/R Days	20,469									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,469	FY24 GL-PL Ins Rpt Days								20,469		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$268.08	$139.98	$0.00	$27.95	$30.92	*(with L&H)*	$34.21	$13.76	$20.18	$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3210**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$105.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$105.97	$0.00	$27.95	$30.92		$34.21	$13.76	$20.18	$1.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$227.41	$105.97	$0.00	$27.95	$30.92		$34.21	$13.76	13.52 *(FRV)*	$1.08
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$227.41	$105.97	$0.00	$27.95	$30.92	$0.00	$34.21	$13.76	$13.52	$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6465**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$174.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$295.92	$174.48	$0.00	$27.95	$30.92	$0.00	$34.21	$13.76	$13.52	$1.08
	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	$1.74	$1.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.72	$8.72								
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	$29.09	$10.99	$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	**$325.01**	**$185.47**	**$0.00**	**$28.17**	**$31.33**	**$0.00**	**$51.68**	**$13.76**	**$13.52**	**$1.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$230.93**									

MONTH: 7/1/2026

FISCAL YEAR ENDING JUNE 30, 2024 **AUDITED**

Provider Name	Provider Number			RS-SNF	RS-ICF	SP-SERV	Dietary	Lnd-Hse	Opr-Mnt	Adm-Genrl	Prop Rel	
GA REGIONAL	00141061A			1	6	6	3	4	4	4	2	
CERTIFIED BEDS	111			SNF	ICF			**COST**	**CENTERS**			
MEDICAID DAYS (2024)	6458			6,855	0							
Descriptions	Total SNF	Total ICF		Routine Srvc SNF	Routine Srvc ICF	Special Services	Dietary	Laundry/ Housekpng	Operations/ Maintence	Admin/ General	Prop. Related	Tax/ *Ins*
REP HST COST	$ 9,713,606			$ 6,923,549		$ 730,214	$ 73,651	$ 405,213	$ 635,454	$ 633,235	$ 276,408	$ 35,882
HIST COST ADJ												
1399	$ (730,214)	$ -				$ (730,214)						
1199	$ 730,214	$ -		$ 730,214								
1299		$ -										
1699	$ (635,454)	$ -							$ (635,454)			
1599	$ 635,454	$ -						$ 635,454				
1899	$ -	$ -										
1999	$ -	$ -										
1100	$ -	$ -										
1200	$ -	$ -										
1400	$ -	$ -										
1500	$ -	$ -										
1700	$ -	$ -										
1800	$ -	$ -										
1898	$ -	$ -									$ -	
TOTAL HIST ADJ	$ -	$ -		$ 730,214	$ -	$ (730,214)	$ -	$ 635,454	$ (635,454)	$ -	$ -	$ -
NET HST COST	$ 9,713,606	$ -		$ 7,653,763	$ -	$ -	$ 73,651	$ 1,040,667	$ -	$ 633,235	$ 276,408	$ 35,882
PROJ COST ADJ											$ -	
2800	$ -	$ -										
2000	$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
TOTAL PROJ ADJS	$ -	$ -		$ -	$ -	$ -	$ -	$ -		$ -	$ -	
TOTAL HST/PROJ	$ 9,713,606	$ -		$ 7,653,763	$ -	$ -	$ 73,651	$ 1,040,667		$ 633,235	$ 276,408	$ 35,882
REP PAT DAYS (2024)	6,855	-		6,855			6,855	6,855		6,855	6,855	6,855
PAT DAY ADJS	-	-										
ADJ PAT DAYS	6,855	-		6,855	-	-	6,855	6,855		6,855	6,855	6,855
NET PER DIEM		$ -		$ 1,116.52	$ -	$ -	$ 10.74	$ 151.81		$ 92.38	$ 40.32	$ 5.23
STAND PER DIEM	$ 1,417.00	$ -		$ 1,116.52	$ -	$ -	$ 10.74	$ 151.81		$ 92.38	$ 40.32	$ 5.23
COMP ADD	$ -	$ -										
ALLOW PER DIEM	$ 1,417.00	$ -		$ 1,116.52	$ -	$ -	$ 10.74	$ 151.81		$ 92.38	$ 40.32	$ 5.23
GTH 0.00%	$ -	$ -		$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -
INCEN PER DIEM	$ -	$ -			$ -	$ -	$ -	$ -		$ -		
TOTAL PER DIEM	$ 1,417.00	$ -										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **NEW HORIZONS LANIER PARK**
Prvdr ID: **00141072A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.09%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.97	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4822	1.4173
Quarterly Medicaid CMI:	1.4301	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4587	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$15,995,840	$8,427,870	$0	$1,832,455	$802,840	$1,251,230	$2,448,508		$1,232,937	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($139,343)	$0	$0	$0	$0	$0	($107,092)		($32,251)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$99,175		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$32,251
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$15,987,923	$8,427,870	$0	$1,832,455	$802,840	$1,251,230	$2,341,416	$99,175	$1,200,686	$32,251
8	Total Nursing Facility Days As Filed Days = 38,040	FY24 Audited C/R Days	38,040									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,040	FY24 GL-PL Ins Rpt Days								38,040		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$420.29	$221.55	$0.00	$48.17	$54.00	*(with L&H)*	$61.55	$2.61	$31.56	$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4822**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$149.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$149.47	$0.00	$48.17	$54.00		$61.55	$2.61	$31.56	$0.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$265.17	$121.00	$0.00	$41.20	$35.91		$39.61	$2.61	23.99 *(FRV)*	$0.85
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$265.17	$121.00	$0.00	$41.20	$35.91	$0.00	$39.61	$2.61	$23.99	$0.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4587**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$176.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$320.67	$176.50	$0.00	$41.20	$35.91	$0.00	$39.61	$2.61	$23.99	$0.85
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.77	$1.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.30	$5.30								
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	$7.07	$7.07	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$327.74**	**$183.57**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$39.61**	**$2.61**	**$23.99**	**$0.85**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$245.81**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **DOUGLASVILLE CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00141083A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.34%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.85	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4984	1.4173
Quarterly Medicaid CMI:	1.5922	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6240	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$17,519,504	$10,623,963	$0	$1,594,237	$825,798	$893,262	$2,799,918		$782,326	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($585,135)	($15,601)	$0	($11,686)	$0	$6,936	($402,707)		($162,077)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$149,165		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$162,077
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$17,245,611	$10,608,362	$0	$1,582,551	$825,798	$900,198	$2,397,211	$149,165	$620,249	$162,077
8	Total Nursing Facility Days As Filed Days = 68,495	FY24 Audited C/R Days	68,495									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,495	FY24 GL-PL Ins Rpt Days								68,495		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$251.79	$154.88	$0.00	$23.10	$25.20	*(with L&H)*	$35.00	$2.18	$9.06	$2.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4984**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$103.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$103.36	$0.00	$23.10	$25.20		$35.00	$2.18	$9.06	$2.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$207.89	$103.36	$0.00	$23.10	$25.20		$35.00	$2.18	16.68 *(FRV)*	$2.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$207.89	$103.36	$0.00	$23.10	$25.20	$0.00	$35.00	$2.18	$16.68	$2.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6240**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$167.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$272.39	$167.86	$0.00	$23.10	$25.20	$0.00	$35.00	$2.18	$16.68	$2.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$4.20	$4.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.04	$5.04								
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	$27.87	$9.77	$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	**$300.26**	**$177.63**	**$0.00**	**$23.32**	**$25.61**	**$0.00**	**$52.47**	**$2.18**	**$16.68**	**$2.37**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$212.37**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GIBSON HEALTH OPCO LLC**
Prvdr ID: **00141116A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.29%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.38	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2945	1.4173
Quarterly Medicaid CMI:	1.3213	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3477	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,136,872	$1,613,018	$0	$365,192	$147,317	$205,795	$711,755		$93,795	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($109,610)	($6,184)	$0	$0	$0	$0	($61,763)		($41,663)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$67,947		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$41,663
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,136,872	$1,606,834	$0	$365,192	$147,317	$205,795	$649,992	$67,947	$52,132	$41,663
8	Total Nursing Facility Days As Filed Days = 14,494	FY24 Audited C/R Days	14,494									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,494	FY24 GL-PL Ins Rpt Days								14,494		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$216.43	$110.86	$0.00	$25.20	$24.36	*(with L&H)*	$44.85	$4.69	$3.60	$2.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2945**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$85.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.64	$0.00	$25.20	$24.36		$44.85	$4.69	$3.60	$2.87
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.56	$85.64	$0.00	$25.20	$24.36		$39.61	$4.69	13.19 *(FRV)*	$2.87
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$195.56	$85.64	$0.00	$25.20	$24.36	$0.00	$39.61	$4.69	$13.19	$2.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3477**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$115.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$225.34	$115.42	$0.00	$25.20	$24.36	$0.00	$39.61	$4.69	$13.19	$2.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$2.89	$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.77	$5.77								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.92	$9.19	$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	**$252.26**	**$124.61**	**$0.00**	**$25.42**	**$24.77**	**$0.00**	**$56.71**	**$4.69**	**$13.19**	**$2.87**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.37**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY**
Prvdr ID: **00141127A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.15%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	5.50	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7507	1.4173
Quarterly Medicaid CMI:	1.6373	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6701	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,705,595	$5,399,737	$0	$950,773	$381,267	$715,206	$2,027,339		$1,231,273	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($920,914)	($756,535)	$0	$0	$0	($2,681)	($87,876)		($73,822)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$120,471		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$68,605
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,973,757	$4,643,202	$0	$950,773	$381,267	$712,525	$1,939,463	$120,471	$1,157,451	$68,605
8	Total Nursing Facility Days As Filed Days = 34,294	FY24 Audited C/R Days	34,294									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,294	FY24 GL-PL Ins Rpt Days								34,294		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$290.81	$135.39	$0.00	$27.72	$31.89	*(with L&H)*	$56.55	$3.51	$33.75	$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7507**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$77.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.34	$0.00	$27.72	$31.89		$56.55	$3.51	$33.75	$2.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$203.51	$77.34	$0.00	$27.72	$31.89		$39.61	$3.51	21.44 *(FRV)*	$2.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$203.51	$77.34	$0.00	$27.72	$31.89	$0.00	$39.61	$3.51	$21.44	$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6701**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$129.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$255.34	$129.17	$0.00	$27.72	$31.89	$0.00	$39.61	$3.51	$21.44	$2.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.29	$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.46	$6.46								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.01	$8.28	$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	**$281.35**	**$137.45**	**$0.00**	**$27.94**	**$32.30**	**$0.00**	**$56.71**	**$3.51**	**$21.44**	**$2.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.19**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **COMFORT CREEK NURSING AND REHABILITATION CENTER**
Prvdr ID: **00141138A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.02%	0.0%
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:	1.2614	1.4173
Quarterly Medicaid CMI:	1.2264	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2509	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,952,662	$3,175,599	$0	$487,969	$296,728	$237,710	$907,033		$847,623	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($264,874)	($46,434)	$0	($2,126)	$0	$3,501	($165,770)		($54,045)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$76,545		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$54,045
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,818,378	$3,129,165	$0	$485,843	$296,728	$241,211	$741,263	$76,545	$793,578	$54,045
8	Total Nursing Facility Days As Filed Days = 31,736	FY24 Audited C/R Days	31,736									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,736	FY24 GL-PL Ins Rpt Days								31,736		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$183.34	$98.60	$0.00	$15.31	$16.95	*(with L&H)*	$23.36	$2.41	$25.01	$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2614**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.17	$0.00	$15.31	$16.95		$23.36	$2.41	$25.01	$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$148.98	$78.17	$0.00	$15.31	$16.95		$23.36	$2.41	11.08 *(FRV)*	$1.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$148.98	$78.17	$0.00	$15.31	$16.95	$0.00	$23.36	$2.41	$11.08	$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2509**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$97.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$168.59	$97.78	$0.00	$15.31	$16.95	$0.00	$23.36	$2.41	$11.08	$1.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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	$2.93	$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.56	$3.46	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$190.15**	**$101.24**	**$0.00**	**$15.53**	**$17.36**	**$0.00**	**$40.83**	**$2.41**	**$11.08**	**$1.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$129.79**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ARCHBOLD LIVING THOMASVILLE**
Prvdr ID: **00141149A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.59	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3438	1.4173
Quarterly Medicaid CMI:	1.3030	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.3290	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,803,740	$3,373,328	$0	$688,287	$475,007	$415,032	$1,320,294		$531,792	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($36,753)	($14,155)	$0	$0	$3,652	($668)	($15,642)		($9,940)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$28,723		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$9,923
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,805,633	$3,359,173	$0	$688,287	$478,659	$414,364	$1,304,652	$28,723	$521,852	$9,923
8	Total Nursing Facility Days As Filed Days = 22,251	FY24 Audited C/R Days	22,251									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,251	FY24 GL-PL Ins Rpt Days								22,251		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$305.85	$150.97	$0.00	$30.93	$40.13	*(with L&H)*	$58.63	$1.29	$23.45	$0.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3438**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$112.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$112.34	$0.00	$30.93	$40.13		$58.63	$1.29	$23.45	$0.45
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$233.15	$112.34	$0.00	$30.93	$35.91		$39.61	$1.29	12.62 *(FRV)*	$0.45
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$233.15	$112.34	$0.00	$30.93	$35.91	$0.00	$39.61	$1.29	$12.62	$0.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3290**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$149.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$270.11	$149.30	$0.00	$30.93	$35.91	$0.00	$39.61	$1.29	$12.62	$0.45
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.73	$3.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.48	$4.48								
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	$26.06	$8.74	$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	**$296.17**	**$158.04**	**$0.00**	**$31.15**	**$35.91**	**$0.00**	**$56.71**	**$1.29**	**$12.62**	**$0.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$209.30**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GLENVUE HEALTH & REHAB**
Prvdr ID: **00141171A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.09%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.34	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3376	1.4173
Quarterly Medicaid CMI:	1.5628	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5941	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,453,141	$3,731,090	$0	$728,883	$281,611	$362,125	$1,809,562		$539,870	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($581,981)	($199,993)	$0	$511	($2,557)	$2	($287,678)		($92,266)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$199,630		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$92,266
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,163,056	$3,531,097	$0	$729,394	$279,054	$362,127	$1,521,884	$199,630	$447,604	$92,266
8	Total Nursing Facility Days As Filed Days = 33,490	FY24 Audited C/R Days	33,490									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,490	FY24 GL-PL Ins Rpt Days								33,490		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$213.90	$105.44	$0.00	$21.78	$19.15	*(with L&H)*	$45.44	$5.96	$13.37	$2.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3376**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.82	$0.00	$21.78	$19.15		$45.44	$5.96	$13.37	$2.76
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$180.15	$78.82	$0.00	$21.78	$19.15		$39.61	$5.96	12.07 *(FRV)*	$2.76
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$180.15	$78.82	$0.00	$21.78	$19.15	$0.00	$39.61	$5.96	$12.07	$2.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5941**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$125.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$226.98	$125.65	$0.00	$21.78	$19.15	$0.00	$39.61	$5.96	$12.07	$2.76
	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	$3.77	$3.77								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.03	$4.30	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$249.01**	**$129.95**	**$0.00**	**$22.00**	**$19.56**	**$0.00**	**$56.71**	**$5.96**	**$12.07**	**$2.76**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.93**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GRACEMORE NURSING AND REHAB**
Prvdr ID: **00141182A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.43%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.49	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3507	1.4173
Quarterly Medicaid CMI:	1.3806	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4082	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,986,715	$2,132,794	$0	$524,931	$277,882	$295,689	$683,076		$72,343	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($120,004)	($1,028)	$0	$0	$0	($6)	($94,371)		($24,599)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$88,383		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$24,599
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,979,693	$2,131,766	$0	$524,931	$277,882	$295,683	$588,705	$88,383	$47,744	$24,599
8	Total Nursing Facility Days As Filed Days = 14,729	FY24 Audited C/R Days	14,729									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,729	FY24 GL-PL Ins Rpt Days								14,729		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$270.19	$144.73	$0.00	$35.64	$38.94	*(with L&H)*	$39.97	$6.00	$3.24	$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3507**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$107.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$107.15	$0.00	$35.64	$38.94		$39.97	$6.00	$3.24	$1.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$232.15	$107.15	$0.00	$31.73	$35.91		$39.61	$6.00	10.08 *(FRV)*	$1.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$232.15	$107.15	$0.00	$31.73	$35.91	$0.00	$39.61	$6.00	$10.08	$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4082**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$150.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$275.89	$150.89	$0.00	$31.73	$35.91	$0.00	$39.61	$6.00	$10.08	$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)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.77	$3.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.54	$7.54								
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	$28.94	$11.84	$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	**$304.83**	**$162.73**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$56.71**	**$6.00**	**$10.08**	**$1.67**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$215.80**									

MONTH: 7/1/2026

FISCAL YEAR ENDING JUNE 30, 2024 **AUDITED**

Provider Name	Provider Number		RS-SNF	RS-ICF	SP-SERV	Dietary	Lnd-Hse	Opr-Mnt	Adm-Genrl	Prop Rel	
GRACEWOOD DEV CTR.	00141204A		6	6	6	3	4	4	4	3	
CERTIFIED BEDS	700		SNF	ICF			**COST**	**CENTERS**			
MEDICAID DAYS (2024)	24,580		0	26,033							
Descriptions	Total SNF	Total ICF	Routine Srvc SNF	Routine Srvc ICF	Special Services	Dietary	Laundry/ Housekpng	Operations/ Maintence	Admin/ General	Prop. Related	Tax/ *Ins*
REP HST COST		$ 26,980,567	$ -	$ 19,812,910	$ 1,249,499	$ 1,893,941	$ 955,863	$ 1,237,221	$ 1,353,669	$ 431,534	$ 45,930
HIST COST ADJ											
1399		$ (1,249,499)			$ (1,249,499)						
1199		$ 1,249,499		$ 1,249,499							
1699		$ (1,237,221)						$ (1,237,221)			
1599		$ 1,237,221					$ 1,237,221				
1899		$ -								$ -	
1999		$ -									
1100		$ -	$ -								
1200		$ -		$ -							
1400		$ -				$ -					
1500		$ -					$ -				
1700		$ -							$ -		
1800		$ -								$ -	
1898		$ -								$ -	$ -
TOTAL HIST ADJ		$ -	$ -	$ 1,249,499	$ (1,249,499)	$ -	$ 1,237,221	$ (1,237,221)	$ -	$ -	$ -
NET HST COST		$ 26,980,567	$ -	$ 21,062,409	$ -	$ 1,893,941	$ 2,193,084	$ -	$ 1,353,669	$ 431,534	$ 45,930
PROJ COST ADJ										$ -	
2800		$ -									
2000		$ -	$ -			$ -	$ -		$ -	$ -	
TOTAL PROJ ADJS		$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -	
TOTAL HST/PROJ		$ 26,980,567	$ -	$ -	$ -	$ 1,893,941	$ 2,193,084		$ 1,353,669	$ 431,534	$ 45,930
REP PAT DAYS		26,033	-	26,033		26,033	26,033		26,033	26,033	26,033
PAT DAY ADJS		-									
ADJ PAT DAYS		26,033		26,033	-	26,033	26,033		26,033	26,033	26,033
NET PER DIEM		$ 1,036.40		$ 809.07	$ -	$ 72.75	$ 84.24		$ 52.00	$ 16.58	$ 1.76
STAND PER DIEM		$ 1,034.64		$ 809.07	$ -	$ 72.75	$ 84.24		$ 52.00	$ 16.58	
COMP ADD		$ -									
ALLOW PER DIEM		$ 1,036.40		$ 809.07	$ -	$ 72.75	$ 84.24		$ 52.00	$ 16.58	$ 1.76
GTH 0.00%		$ -		$ -	$ -	$ -	$ -		$ -	$ -	$ -
INCEN PER DIEM		$ -		$ -	$ -	$ -	$ -		$ -		
TOTAL PER DIEM		**$ 1,036.40**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - GRANDVIEW**
Prvdr ID: **00141215A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.04%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.26	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4337	1.4173
Quarterly Medicaid CMI:	1.5272	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5578	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,524,797	$2,798,796	$0	$571,767	$330,472	$422,988	$972,564		$428,210	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($334,336)	($8,971)	$0	$0	($100)	($263)	($242,515)		($82,487)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$260,454		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$83,610
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,534,525	$2,789,825	$0	$571,767	$330,372	$422,725	$730,049	$260,454	$345,723	$83,610
8	Total Nursing Facility Days As Filed Days = 22,289	FY24 Audited C/R Days	22,289									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,289	FY24 GL-PL Ins Rpt Days								22,289		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$248.31	$125.17	$0.00	$25.65	$33.79	*(with L&H)*	$32.75	$11.69	$15.51	$3.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4337**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$87.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.30	$0.00	$25.65	$33.79		$32.75	$11.69	$15.51	$3.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.76	$87.30	$0.00	$25.65	$33.79		$32.75	$11.69	13.83 *(FRV)*	$3.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$208.76	$87.30	$0.00	$25.65	$33.79	$0.00	$32.75	$11.69	$13.83	$3.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5578**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$136.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$257.46	$136.00	$0.00	$25.65	$33.79	$0.00	$32.75	$11.69	$13.83	$3.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.40	$3.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.80	$6.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.83	$10.73	$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	**$286.29**	**$146.73**	**$0.00**	**$25.87**	**$34.20**	**$0.00**	**$50.22**	**$11.69**	**$13.83**	**$3.75**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$201.89**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **JASPER POINT OF JOURNEY LLC**
Prvdr ID: **00141226A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	13.89%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.07	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5503	1.4173
Quarterly Medicaid CMI:	1.7342	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7689	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,475,698	$3,058,459	$0	$534,586	$315,078	$175,947	$1,096,417		$1,295,211	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($553,302)	($17,655)	$0	$0	$16,369	$9,141	($493,703)		($67,454)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$59,949		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$70,958
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,053,303	$3,040,804	$0	$534,586	$331,447	$185,088	$602,714	$59,949	$1,227,757	$70,958
8	Total Nursing Facility Days As Filed Days = 20,044	FY24 Audited C/R Days	20,044									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,044	FY24 GL-PL Ins Rpt Days								20,044		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$302.00	$151.71	$0.00	$26.67	$25.77	*(with L&H)*	$30.07	$2.99	$61.25	$3.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5503**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.86	$0.00	$26.67	$25.77		$30.07	$2.99	$61.25	$3.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$201.63	$97.86	$0.00	$26.67	$25.77		$30.07	$2.99	14.73 *(FRV)*	$3.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$201.63	$97.86	$0.00	$26.67	$25.77	$0.00	$30.07	$2.99	$14.73	$3.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7689**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$173.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$276.87	$173.10	$0.00	$26.67	$25.77	$0.00	$30.07	$2.99	$14.73	$3.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.46	$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.09	$3.99	$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	**$298.96**	**$177.09**	**$0.00**	**$26.89**	**$26.18**	**$0.00**	**$47.54**	**$2.99**	**$14.73**	**$3.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$211.40**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **AZALEALAND NURSING HOME**
Prvdr ID: **00141237A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	44.44%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.20	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4966	1.4173
Quarterly Medicaid CMI:	1.4733	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5028	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,205,817	$4,039,003	$0	$1,032,903	$419,293	$391,201	$1,381,731		$941,686	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($304,897)	($30,102)	$0	($3,645)	$0	$4,092	($150,856)		($124,386)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$180,511		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$124,386
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,205,817	$4,008,901	$0	$1,029,258	$419,293	$395,293	$1,230,875	$180,511	$817,300	$124,386
8	Total Nursing Facility Days As Filed Days = 28,609	FY24 Audited C/R Days	28,609									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,609	FY24 GL-PL Ins Rpt Days								28,609		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$286.83	$140.13	$0.00	$35.98	$28.47	*(with L&H)*	$43.02	$6.31	$28.57	$4.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4966**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$93.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.63	$0.00	$35.98	$28.47		$43.02	$6.31	$28.57	$4.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$224.78	$93.63	$0.00	$31.73	$28.47		$39.61	$6.31	20.68 *(FRV)*	$4.35
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$224.78	$93.63	$0.00	$31.73	$28.47	$0.00	$39.61	$6.31	$20.68	$4.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5028**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$140.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$271.86	$140.71	$0.00	$31.73	$28.47	$0.00	$39.61	$6.31	$20.68	$4.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.94	$0.53	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.52	$3.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.04	$7.04								
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	$28.60	$11.09	$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	**$300.46**	**$151.80**	**$0.00**	**$31.73**	**$28.88**	**$0.00**	**$56.71**	**$6.31**	**$20.68**	**$4.35**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$212.52**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ROSWELL CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00141248A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.18%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.43	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4442	1.4173
Quarterly Medicaid CMI:	1.5926	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6245	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$19,601,272	$10,557,769	$0	$1,537,382	$729,370	$988,336	$2,716,239		$3,072,176	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($396,698)	($398,164)	$0	$0	$0	$0	$249,491		($248,025)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$73,365		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$248,025
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$19,525,964	$10,159,605	$0	$1,537,382	$729,370	$988,336	$2,965,730	$73,365	$2,824,151	$248,025
8	Total Nursing Facility Days As Filed Days = 74,778	FY24 Audited C/R Days	74,778									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 74,778	FY24 GL-PL Ins Rpt Days								74,778		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$261.12	$135.86	$0.00	$20.56	$22.97	*(with L&H)*	$39.66	$0.98	$37.77	$3.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4442**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$94.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.07	$0.00	$20.56	$22.97		$39.66	$0.98	$37.77	$3.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$193.89	$94.07	$0.00	$20.56	$22.97		$39.61	$0.98	12.38 *(FRV)*	$3.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$193.89	$94.07	$0.00	$20.56	$22.97	$0.00	$39.61	$0.98	$12.38	$3.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6245**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$152.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$252.64	$152.82	$0.00	$20.56	$22.97	$0.00	$39.61	$0.98	$12.38	$3.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.64	$7.64								
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	$25.90	$8.17	$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	**$278.54**	**$160.99**	**$0.00**	**$20.78**	**$23.38**	**$0.00**	**$56.71**	**$0.98**	**$12.38**	**$3.32**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$196.08**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **DUBLIN TRAILS OF JOURNEY LLC**
Prvdr ID: **00141281A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	12.00%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.75	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3075	1.4173
Quarterly Medicaid CMI:	1.6008	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6328	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,440,011	$2,669,510	$0	$638,099	$273,750	$341,122	$1,294,666		$1,222,864	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($248,544)	($3,391)	$0	$101	$0	($35,019)	($193,516)		($16,719)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$229,678		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$16,719
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,437,864	$2,666,119	$0	$638,200	$273,750	$306,103	$1,101,150	$229,678	$1,206,145	$16,719
8	Total Nursing Facility Days As Filed Days = 26,853	FY24 Audited C/R Days	26,853									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,853	FY24 GL-PL Ins Rpt Days								26,853		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$239.75	$99.29	$0.00	$23.77	$21.59	*(with L&H)*	$41.01	$8.55	$44.92	$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3075**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$75.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.94	$0.00	$23.77	$21.59		$41.01	$8.55	$44.92	$0.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$180.68	$75.94	$0.00	$23.77	$21.59		$39.61	$8.55	10.60 *(FRV)*	$0.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$180.68	$75.94	$0.00	$23.77	$21.59	$0.00	$39.61	$8.55	$10.60	$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6328**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$123.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$228.73	$123.99	$0.00	$23.77	$21.59	$0.00	$39.61	$8.55	$10.60	$0.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$3.72	$3.72								
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	$21.98	$4.25	$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	**$250.71**	**$128.24**	**$0.00**	**$23.99**	**$22.00**	**$0.00**	**$56.71**	**$8.55**	**$10.60**	**$0.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.21**									

FINAL

Provider: **NEW HORIZONS HABERSHAM**
Prvdr ID: **00141292A**
H/B ?: Yes
Case Mix Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	21.3%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2760	1.4173
Quarterly Medicaid PDPM:	1.2838	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3095	1.5391

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	j
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2021 GL-PL Rpt		3,562,207		1,435,869	823,545		1,030,343	91,119	562,472	77,981
	Inflation (July 2023) @ 3.20%			113,991		45,948	26,353		32,971			2,495
	Patient Days	FY 2023 Cost Rpt		26,117		26,117	26,117		26,117	26,117	26,117	26,117
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			140.76		56.74	32.54		40.71	3.49	21.54	3.08
	Base Period Facility PDPM for all Residents			**1.2760**								
	Routine Services PDPM Adjusted Net Per Diem			$110.31								
	Net Per Diems After PDPM Adjustments		$268.41	$110.31		$56.74	$32.54		$40.71	$3.49	$21.54	3.08
	Per Diem Standards			$121.00		$41.20	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$242.25	$110.31		$41.20	$32.54		$39.61	$3.49	12.02	3.08
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$242.25	$110.31		$41.20	$32.54		$39.61	$3.49	$12.02	$3.08
	Quarterly Facility PDPM for Medicaid Residents			**1.3095**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$144.45								
	Quarterly Medicaid PDPMA Allowed Per Diem		$276.39	$144.45		$41.20	$32.54		$39.61	$3.49	$12.02	$3.08
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$0.94	$0.53		$0.00	$0.41		$0.00			
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		$1.44	1.44								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$2.89	2.89								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$22.37									
	Quarterly PDPM Based Per Diem Rate		**$298.76**	**$149.31**		**$41.20**	**$32.95**		**$56.71**	**$3.49**	**$12.02**	**$3.08**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$211.25**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WARNER ROBINS REHABILITATION CENTER**
Prvdr ID: **00141303A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.75%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.36	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3355	1.4173
Quarterly Medicaid CMI:	1.4600	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4892	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,797,375	$4,333,069	$0	$635,725	$339,903	$276,686	$1,470,065		$741,927	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($435,615)	($93,456)	$0	($5,458)	$7,008	$11,546	($205,224)		($150,031)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$289,496		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$153,125
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,804,381	$4,239,613	$0	$630,267	$346,911	$288,232	$1,264,841	$289,496	$591,896	$153,125
8	Total Nursing Facility Days As Filed Days = 39,382	FY24 Audited C/R Days	39,382									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,382	FY24 GL-PL Ins Rpt Days								39,382		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$198.17	$107.65	$0.00	$16.00	$16.13	*(with L&H)*	$32.12	$7.35	$15.03	$3.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3355**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$80.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.60	$0.00	$16.00	$16.13		$32.12	$7.35	$15.03	$3.89
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$170.80	$80.60	$0.00	$16.00	$16.13		$32.12	$7.35	14.71 *(FRV)*	$3.89
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$170.80	$80.60	$0.00	$16.00	$16.13	$0.00	$32.12	$7.35	$14.71	$3.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4892**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$120.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$210.23	$120.03	$0.00	$16.00	$16.13	$0.00	$32.12	$7.35	$14.71	$3.89
	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	$1.20	$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.00	$6.00								
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	$25.83	$7.73	$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	**$236.06**	**$127.76**	**$0.00**	**$16.22**	**$16.54**	**$0.00**	**$49.59**	**$7.35**	**$14.71**	**$3.89**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$164.22**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARALSON NSG & REHAB CENTER**
Prvdr ID: **00141325A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	11.29%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.40	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3891	1.4173
Quarterly Medicaid CMI:	1.4481	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4770	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,659,576	$4,531,541	$0	$770,265	$353,409	$435,537	$1,315,059		$1,253,765	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($81,403)	($157,699)	$0	$0	$0	($365)	$114,707		($38,046)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$34,115		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$38,046
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,650,334	$4,373,842	$0	$770,265	$353,409	$435,172	$1,429,766	$34,115	$1,215,719	$38,046
8	Total Nursing Facility Days As Filed Days = 37,559	FY24 Audited C/R Days	37,559									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,559	FY24 GL-PL Ins Rpt Days								37,559		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.32	$116.45	$0.00	$20.51	$21.00	*(with L&H)*	$38.07	$0.91	$32.37	$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3891**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$83.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.83	$0.00	$20.51	$21.00		$38.07	$0.91	$32.37	$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$176.69	$83.83	$0.00	$20.51	$21.00		$38.07	$0.91	11.36 *(FRV)*	$1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$176.69	$83.83	$0.00	$20.51	$21.00	$0.00	$38.07	$0.91	$11.36	$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4770**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$123.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$216.68	$123.82	$0.00	$20.51	$21.00	$0.00	$38.07	$0.91	$11.36	$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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	$2.48	$2.48								
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	$21.11	$3.01	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$237.79**	**$126.83**	**$0.00**	**$20.73**	**$21.41**	**$0.00**	**$55.54**	**$0.91**	**$11.36**	**$1.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.52**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **NANCY HART OPERATION LLC**
Prvdr ID: **00141336A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.00%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	5.30	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3282	1.4173
Quarterly Medicaid CMI:	1.6388	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6716	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$2,433,501	$1,315,792	$0	$256,102	$104,470	$169,067	$450,575		$137,495	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($52,391)	($13,231)	$0	$0	$0	$0	($28,857)		($10,303)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$39,478		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$10,303
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$2,430,891	$1,302,561	$0	$256,102	$104,470	$169,067	$421,718	$39,478	$127,192	$10,303
8	Total Nursing Facility Days As Filed Days = 10,823	FY24 Audited C/R Days	10,823									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,823	FY24 GL-PL Ins Rpt Days								10,823		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$224.59	$120.35	$0.00	$23.66	$25.27	*(with L&H)*	$38.96	$3.65	$11.75	$0.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3282**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$90.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.61	$0.00	$23.66	$25.27		$38.96	$3.65	$11.75	$0.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$192.80	$90.61	$0.00	$23.66	$25.27		$38.96	$3.65	9.70 *(FRV)*	$0.95
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$192.80	$90.61	$0.00	$23.66	$25.27	$0.00	$38.96	$3.65	$9.70	$0.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6716**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$151.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.65	$151.46	$0.00	$23.66	$25.27	$0.00	$38.96	$3.65	$9.70	$0.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.03	$3.03								
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	$21.66	$3.56	$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	**$275.31**	**$155.02**	**$0.00**	**$23.88**	**$25.68**	**$0.00**	**$56.43**	**$3.65**	**$9.70**	**$0.95**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.66**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HEART OF GEORGIA NURSING HOME**
Prvdr ID: **00141358A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.87%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.14	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4278	1.4173
Quarterly Medicaid CMI:	1.5208	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5512	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,796,933	$4,577,913	$0	$696,419	$331,571	$258,076	$1,054,502		$1,878,452	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($148,219)	($77,235)	$0	($5,572)	$0	$5,572	($45,332)		($25,652)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$122,567		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$25,652
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,796,933	$4,500,678	$0	$690,847	$331,571	$263,648	$1,009,170	$122,567	$1,852,800	$25,652
8	Total Nursing Facility Days As Filed Days = 34,146	FY24 Audited C/R Days	34,146									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,146	FY24 GL-PL Ins Rpt Days								34,146		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$257.62	$131.81	$0.00	$20.23	$17.43	*(with L&H)*	$29.55	$3.59	$54.26	$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4278**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$92.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.31	$0.00	$20.23	$17.43		$29.55	$3.59	$54.26	$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$177.84	$92.31	$0.00	$20.23	$17.43		$29.55	$3.59	13.98 *(FRV)*	$0.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$177.84	$92.31	$0.00	$20.23	$17.43	$0.00	$29.55	$3.59	$13.98	$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5512**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$228.72	$143.19	$0.00	$20.23	$17.43	$0.00	$29.55	$3.59	$13.98	$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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 = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.59	$8.59								
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	$27.22	$9.12	$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	**$255.94**	**$152.31**	**$0.00**	**$20.45**	**$17.84**	**$0.00**	**$47.02**	**$3.59**	**$13.98**	**$0.75**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.13**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - VALDOSTA, LLC**
Prvdr ID: **00141369A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.82%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.17	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6305	1.4173
Quarterly Medicaid CMI:	1.5498	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5808	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,077,864	$3,561,020	$0	$612,075	$434,133	$723,486	$1,175,665		$571,485	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($394,867)	($42,492)	$0	$0	$1,314	$2,190	($304,004)		($51,875)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$354,364		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$53,023
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,090,384	$3,518,528	$0	$612,075	$435,447	$725,676	$871,661	$354,364	$519,610	$53,023
8	Total Nursing Facility Days As Filed Days = 31,570	FY24 Audited C/R Days	31,570									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,570	FY24 GL-PL Ins Rpt Days								31,570		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$224.59	$111.45	$0.00	$19.39	$36.78	*(with L&H)*	$27.61	$11.22	$16.46	$1.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6305**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$68.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$68.35	$0.00	$19.39	$36.78		$27.61	$11.22	$16.46	$1.68
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.31	$68.35	$0.00	$19.39	$35.91		$27.61	$11.22	14.15 *(FRV)*	$1.68
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$178.31	$68.35	$0.00	$19.39	$35.91	$0.00	$27.61	$11.22	$14.15	$1.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5808**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$108.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$218.01	$108.05	$0.00	$19.39	$35.91	$0.00	$27.61	$11.22	$14.15	$1.68
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.40	$5.40								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.62	$5.93	$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	**$241.63**	**$113.98**	**$0.00**	**$19.61**	**$35.91**	**$0.00**	**$45.08**	**$11.22**	**$14.15**	**$1.68**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.40**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - ATHENS HERITAGE**
Prvdr ID: **00141391A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.44%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.38	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4929	1.4173
Quarterly Medicaid CMI:	1.5849	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6166	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,136,709	$4,256,294	$0	$786,233	$496,943	$797,823	$1,372,058		$427,358	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($496,435)	($161,081)	$0	$0	($84)	$325	($215,006)		($120,589)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$376,407		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$117,483
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,134,164	$4,095,213	$0	$786,233	$496,859	$798,148	$1,157,052	$376,407	$306,769	$117,483
8	Total Nursing Facility Days As Filed Days = 32,598	FY24 Audited C/R Days	32,598									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,598	FY24 GL-PL Ins Rpt Days								32,598		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$249.53	$125.63	$0.00	$24.12	$39.73	*(with L&H)*	$35.49	$11.55	$9.41	$3.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4929**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$84.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.15	$0.00	$24.12	$39.73		$35.49	$11.55	$9.41	$3.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$213.04	$84.15	$0.00	$24.12	$35.91		$35.49	$11.55	18.22 *(FRV)*	$3.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$213.04	$84.15	$0.00	$24.12	$35.91	$0.00	$35.49	$11.55	$18.22	$3.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6166**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$136.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$264.93	$136.04	$0.00	$24.12	$35.91	$0.00	$35.49	$11.55	$18.22	$3.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.80	$6.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.02	$7.33	$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	**$289.95**	**$143.37**	**$0.00**	**$24.34**	**$35.91**	**$0.00**	**$52.96**	**$11.55**	**$18.22**	**$3.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HERITAGE OAKS**
Prvdr ID: **00141402A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.67%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.82	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7866	1.4173
Quarterly Medicaid CMI:	1.2222	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2467	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,458,741	$2,820,407	$0	$561,697	$366,999	$435,683	$1,342,047		$931,908	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($377,965)	($9,114)	$0	$0	$0	$0	($221,976)		($146,875)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$231,090		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$146,875
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,458,741	$2,811,293	$0	$561,697	$366,999	$435,683	$1,120,071	$231,090	$785,033	$146,875
8	Total Nursing Facility Days As Filed Days = 20,172	FY24 Audited C/R Days	20,172									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,172	FY24 GL-PL Ins Rpt Days								20,172		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$320.20	$139.37	$0.00	$27.85	$39.79	*(with L&H)*	$55.53	$11.46	$38.92	$7.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7866**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.01	$0.00	$27.85	$39.79		$55.53	$11.46	$38.92	$7.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$213.04	$78.01	$0.00	$27.85	$35.91		$39.61	$11.46	12.92 *(FRV)*	$7.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$213.04	$78.01	$0.00	$27.85	$35.91	$0.00	$39.61	$11.46	$12.92	$7.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2467**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$97.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$232.29	$97.26	$0.00	$27.85	$35.91	$0.00	$39.61	$11.46	$12.92	$7.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.35	$5.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	$25.15	$7.83	$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	**$257.44**	**$105.09**	**$0.00**	**$28.07**	**$35.91**	**$0.00**	**$56.71**	**$11.46**	**$12.92**	**$7.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$180.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARTWELL HEALTH AND REHABILITATION**
Prvdr ID: **00141413A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.27%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.75	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3891	1.4173
Quarterly Medicaid CMI:	1.4298	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4584	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,346,509	$3,381,542	$0	$880,248	$269,992	$300,403	$1,284,505		$229,819	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($150,726)	$0	$0	$0	$0	$0	($135,056)		($15,670)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$71,760		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$15,670
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,283,213	$3,381,542	$0	$880,248	$269,992	$300,403	$1,149,449	$71,760	$214,149	$15,670
8	Total Nursing Facility Days As Filed Days = 28,084	FY24 Audited C/R Days	28,084									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,084	FY24 GL-PL Ins Rpt Days								28,084		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$223.74	$120.41	$0.00	$31.34	$20.31	*(with L&H)*	$40.93	$2.56	$7.63	$0.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3891**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.68	$0.00	$31.34	$20.31		$40.93	$2.56	$7.63	$0.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$192.87	$86.68	$0.00	$31.34	$20.31		$39.61	$2.56	11.81 *(FRV)*	$0.56
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$192.87	$86.68	$0.00	$31.34	$20.31	$0.00	$39.61	$2.56	$11.81	$0.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4584**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$232.60	$126.41	$0.00	$31.34	$20.31	$0.00	$39.61	$2.56	$11.81	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.26	$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.32	$6.32								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.84	$8.11	$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	**$258.44**	**$134.52**	**$0.00**	**$31.56**	**$20.72**	**$0.00**	**$56.71**	**$2.56**	**$11.81**	**$0.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - MONROE**
Prvdr ID: **00141468A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.64%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3384	1.4173
Quarterly Medicaid CMI:	1.4225	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4510	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,889,214	$3,156,424	$0	$521,342	$368,572	$550,720	$984,580		$307,576	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($319,469)	($62,022)	$0	$0	($328)	$0	($237,186)		($19,933)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$299,924		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$20,884
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,890,553	$3,094,402	$0	$521,342	$368,244	$550,720	$747,394	$299,924	$287,643	$20,884
8	Total Nursing Facility Days As Filed Days = 24,357	FY24 Audited C/R Days	24,357									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,357	FY24 GL-PL Ins Rpt Days								24,357		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$241.83	$127.04	$0.00	$21.40	$37.73	*(with L&H)*	$30.68	$12.31	$11.81	$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3384**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$94.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.92	$0.00	$21.40	$37.73		$30.68	$12.31	$11.81	$0.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.07	$94.92	$0.00	$21.40	$35.91		$30.68	$12.31	11.99 *(FRV)*	$0.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$208.07	$94.92	$0.00	$21.40	$35.91	$0.00	$30.68	$12.31	$11.99	$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4510**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$250.88	$137.73	$0.00	$21.40	$35.91	$0.00	$30.68	$12.31	$11.99	$0.86
	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 = 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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.89	$6.89								
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	$25.11	$7.42	$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	**$275.99**	**$145.15**	**$0.00**	**$21.62**	**$35.91**	**$0.00**	**$48.15**	**$12.31**	**$11.99**	**$0.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$194.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - HOLLY HILL, LLC**
Prvdr ID: **00141479A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	11.54%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.26	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5613	1.4173
Quarterly Medicaid CMI:	1.4067	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4348	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,045,010	$3,669,866	$0	$565,659	$356,377	$625,479	$1,218,431		$609,198	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($365,320)	($12,661)	$0	$0	$1,042	$8,883	($345,648)		($16,936)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$360,895		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$18,167
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,058,752	$3,657,205	$0	$565,659	$357,419	$634,362	$872,783	$360,895	$592,262	$18,167
8	Total Nursing Facility Days As Filed Days = 30,082	FY24 Audited C/R Days	30,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,082	FY24 GL-PL Ins Rpt Days								30,082		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$234.64	$121.57	$0.00	$18.80	$32.97	*(with L&H)*	$29.01	$12.00	$19.69	$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5613**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$77.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.86	$0.00	$18.80	$32.97		$29.01	$12.00	$19.69	$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$183.81	$77.86	$0.00	$18.80	$32.97		$29.01	$12.00	12.57 *(FRV)*	$0.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$183.81	$77.86	$0.00	$18.80	$32.97	$0.00	$29.01	$12.00	$12.57	$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4348**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$217.66	$111.71	$0.00	$18.80	$32.97	$0.00	$29.01	$12.00	$12.57	$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.59	$5.59								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.22	$6.12	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$241.88**	**$117.83**	**$0.00**	**$19.02**	**$33.38**	**$0.00**	**$46.48**	**$12.00**	**$12.57**	**$0.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.59**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WYNFIELD PARK HEALTH AND REHABILITATION**
Prvdr ID: **00141512A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.23%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3686	1.4173
Quarterly Medicaid CMI:	1.3290	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3556	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,344,845	$7,260,429	$0	$1,549,463	$758,591	$787,009	$2,225,059		$764,294	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($206,898)	$0	$0	$0	$0	$0	($162,366)		($44,532)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$145,080		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$44,532
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,327,559	$7,260,429	$0	$1,549,463	$758,591	$787,009	$2,062,693	$145,080	$719,762	$44,532
8	Total Nursing Facility Days As Filed Days = 53,930	FY24 Audited C/R Days	53,930									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,930	FY24 GL-PL Ins Rpt Days								53,930		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.14	$134.63	$0.00	$28.73	$28.66	*(with L&H)*	$38.25	$2.69	$13.35	$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3686**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$98.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.37	$0.00	$28.73	$28.66		$38.25	$2.69	$13.35	$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$226.21	$98.37	$0.00	$28.73	$28.66		$38.25	$2.69	28.68 *(FRV)*	$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$226.21	$98.37	$0.00	$28.73	$28.66	$0.00	$38.25	$2.69	$28.68	$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3556**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$133.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$261.19	$133.35	$0.00	$28.73	$28.66	$0.00	$38.25	$2.69	$28.68	$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$1.33	$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.00	$8.00								
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	$27.96	$9.86	$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	**$289.15**	**$143.21**	**$0.00**	**$28.95**	**$29.07**	**$0.00**	**$55.72**	**$2.69**	**$28.68**	**$0.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.04**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MACON REHABILITATION AND HEALTHCARE**
Prvdr ID: **00141523A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.88%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.95	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4759	1.4173
Quarterly Medicaid CMI:	1.6440	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6769	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,767,996	$4,289,364	$0	$618,315	$306,030	$429,088	$1,446,392		$1,678,807	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($502,174)	($18,854)	$0	$0	$0	$0	($404,246)		($79,074)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$419,900		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$79,074
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,764,796	$4,270,510	$0	$618,315	$306,030	$429,088	$1,042,146	$419,900	$1,599,733	$79,074
8	Total Nursing Facility Days As Filed Days = 31,678	FY24 Audited C/R Days	31,678									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,678	FY24 GL-PL Ins Rpt Days								31,678		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$276.70	$134.81	$0.00	$19.52	$23.21	*(with L&H)*	$32.90	$13.26	$50.50	$2.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4759**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.34	$0.00	$19.52	$23.21		$32.90	$13.26	$50.50	$2.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.20	$91.34	$0.00	$19.52	$23.21		$32.90	$13.26	13.47 *(FRV)*	$2.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$196.20	$91.34	$0.00	$19.52	$23.21	$0.00	$32.90	$13.26	$13.47	$2.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6769**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$258.03	$153.17	$0.00	$19.52	$23.21	$0.00	$32.90	$13.26	$13.47	$2.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.66	$7.66								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.29	$8.19	$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	**$284.32**	**$161.36**	**$0.00**	**$19.74**	**$23.62**	**$0.00**	**$50.37**	**$13.26**	**$13.47**	**$2.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$200.42**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **FRIENDSHIP HEALTH AND REHAB**
Prvdr ID: **00141567A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.57	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3421	1.4173
Quarterly Medicaid CMI:	1.3900	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4178	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,549,972	$2,341,545	$0	$478,649	$247,169	$326,682	$768,180		$387,747	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($102,751)	($84,526)	$0	$0	$0	$3,439	($12,129)		($9,535)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$85,912		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$27,773
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,560,906	$2,257,019	$0	$478,649	$247,169	$330,121	$756,051	$85,912	$378,212	$27,773
8	Total Nursing Facility Days As Filed Days = 17,223	FY24 Audited C/R Days	17,223									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,223	FY24 GL-PL Ins Rpt Days								17,223		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$264.82	$131.05	$0.00	$27.79	$33.52	*(with L&H)*	$43.90	$4.99	$21.96	$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3421**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.65	$0.00	$27.79	$33.52		$43.90	$4.99	$21.96	$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$215.56	$97.65	$0.00	$27.79	$33.52		$39.61	$4.99	10.39 *(FRV)*	$1.61
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$215.56	$97.65	$0.00	$27.79	$33.52	$0.00	$39.61	$4.99	$10.39	$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4178**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$138.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$256.36	$138.45	$0.00	$27.79	$33.52	$0.00	$39.61	$4.99	$10.39	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.38	$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.15	$4.15								
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	$23.79	$6.06	$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	**$280.15**	**$144.51**	**$0.00**	**$28.01**	**$33.93**	**$0.00**	**$56.71**	**$4.99**	**$10.39**	**$1.61**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.29**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MIONA GERIATRIC & DEMENTIA CENTER**
Prvdr ID: **00141578A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	50.75%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.76	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4103	1.4173
Quarterly Medicaid CMI:	1.4131	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4414	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,439,247	$3,320,805	$0	$574,472	$306,362	$278,439	$839,089		$120,080	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($123,715)	($22,572)	$0	$0	$0	$0	($60,418)		($40,725)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$74,204		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$40,725
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,430,461	$3,298,233	$0	$574,472	$306,362	$278,439	$778,671	$74,204	$79,355	$40,725
8	Total Nursing Facility Days As Filed Days = 28,204	FY24 Audited C/R Days	28,204									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,204	FY24 GL-PL Ins Rpt Days								28,204		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$192.53	$116.94	$0.00	$20.37	$20.73	*(with L&H)*	$27.61	$2.63	$2.81	$1.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4103**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.92	$0.00	$20.37	$20.73		$27.61	$2.63	$2.81	$1.44
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$169.85	$82.92	$0.00	$20.37	$20.73		$27.61	$2.63	14.15 *(FRV)*	$1.44
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$169.85	$82.92	$0.00	$20.37	$20.73	$0.00	$27.61	$2.63	$14.15	$1.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4414**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$119.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$206.45	$119.52	$0.00	$20.37	$20.73	$0.00	$27.61	$2.63	$14.15	$1.44
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.57	$6.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.98	$5.98								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$31.18	$13.08	$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	**$237.63**	**$132.60**	**$0.00**	**$20.59**	**$21.14**	**$0.00**	**$45.08**	**$2.63**	**$14.15**	**$1.44**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.40**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE PLACE AT DEANS BRIDGE**
Prvdr ID: **00141589A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.39%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.56	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1962	1.4173
Quarterly Medicaid CMI:	1.1007	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.1227	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,705,714	$3,743,948	$0	$769,940	$293,015	$337,684	$1,217,940		$343,187	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($439,663)	$8,340	$0	$0	($3,937)	($15,215)	($372,361)		($56,490)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$363,436		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$55,211
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,684,698	$3,752,288	$0	$769,940	$289,078	$322,469	$845,579	$363,436	$286,697	$55,211
8	Total Nursing Facility Days As Filed Days = 28,333	FY24 Audited C/R Days	28,333									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,333	FY24 GL-PL Ins Rpt Days								28,333		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$235.93	$132.44	$0.00	$27.17	$21.58	*(with L&H)*	$29.84	$12.83	$10.12	$1.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1962**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$110.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.72	$0.00	$27.17	$21.58		$29.84	$12.83	$10.12	$1.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$216.45	$110.72	$0.00	$27.17	$21.58		$29.84	$12.83	12.36 *(FRV)*	$1.95
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$216.45	$110.72	$0.00	$27.17	$21.58	$0.00	$29.84	$12.83	$12.36	$1.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.1227**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$124.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.04	$124.31	$0.00	$27.17	$21.58	$0.00	$29.84	$12.83	$12.36	$1.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.73	$3.73								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.36	$4.26	$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	**$252.40**	**$128.57**	**$0.00**	**$27.39**	**$21.99**	**$0.00**	**$47.31**	**$12.83**	**$12.36**	**$1.95**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.48**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARBORVIEW HEALTH SYSTEMS JESUP**
Prvdr ID: **00141611A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.39%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.23	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5668	1.4173
Quarterly Medicaid CMI:	1.9074	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.9455	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,772,832	$3,154,750	$0	$552,168	$262,465	$381,390	$1,284,333		$1,137,726	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($533,772)	($163,825)	$0	($6,152)	($5,100)	($2,411)	($310,115)		($46,169)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$9,158
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,248,218	$2,990,925	$0	$546,016	$257,365	$378,979	$974,218	$0	$1,091,557	$9,158
8	Total Nursing Facility Days As Filed Days = 32,362	FY24 Audited C/R Days	32,362									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,362	FY24 GL-PL Ins Rpt Days								32,362		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$193.06	$92.42	$0.00	$16.87	$19.66	*(with L&H)*	$30.10	$0.00	$33.73	$0.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5668**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$58.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$58.99	$0.00	$16.87	$19.66		$30.10	$0.00	$33.73	$0.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$135.44	$58.99	$0.00	$16.87	$19.66		$30.10	$0.00	9.54 *(FRV)*	$0.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$135.44	$58.99	$0.00	$16.87	$19.66	$0.00	$30.10	$0.00	$9.54	$0.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9455**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$114.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$191.22	$114.77	$0.00	$16.87	$19.66	$0.00	$30.10	$0.00	$9.54	$0.28
	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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.74	$5.74								
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	$24.37	$6.27	$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	**$215.59**	**$121.04**	**$0.00**	**$17.09**	**$20.07**	**$0.00**	**$47.57**	**$0.00**	**$9.54**	**$0.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$148.87**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **JOE-ANNE BURGIN HEALTH AND REHABILITATION**
Prvdr ID: **00141633A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.38%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2703	1.4173
Quarterly Medicaid CMI:	1.2695	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2948	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,708,776	$3,589,951	$0	$843,396	$383,945	$441,559	$1,173,223		$276,702	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($172,801)	($45,312)	$0	$0	($387)	($688)	($108,690)		($17,724)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$62,400		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$17,680
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,616,055	$3,544,639	$0	$843,396	$383,558	$440,871	$1,064,533	$62,400	$258,978	$17,680
8	Total Nursing Facility Days As Filed Days = 28,000	FY24 Audited C/R Days	28,000									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,000	FY24 GL-PL Ins Rpt Days								28,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$236.28	$126.59	$0.00	$30.12	$29.44	*(with L&H)*	$38.02	$2.23	$9.25	$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2703**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$99.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.65	$0.00	$30.12	$29.44		$38.02	$2.23	$9.25	$0.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$223.83	$99.65	$0.00	$30.12	$29.44		$38.02	$2.23	23.74 *(FRV)*	$0.63
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$223.83	$99.65	$0.00	$30.12	$29.44	$0.00	$38.02	$2.23	$23.74	$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2948**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$129.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.21	$129.03	$0.00	$30.12	$29.44	$0.00	$38.02	$2.23	$23.74	$0.63
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.29	$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.74	$7.74								
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	$27.66	$9.56	$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	**$280.87**	**$138.59**	**$0.00**	**$30.34**	**$29.85**	**$0.00**	**$55.49**	**$2.23**	**$23.74**	**$0.63**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.83**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SCOTT HEALTH & REHABILITATION**
Prvdr ID: **00141644A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.79%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.55	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3003	1.4173
Quarterly Medicaid CMI:	1.3872	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4150	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,365,897	$2,382,000	$0	$527,542	$228,932	$241,815	$869,112		$116,496	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($78,819)	$0	$0	$0	$0	$0	($57,935)		($20,884)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$57,935		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$20,884
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,365,897	$2,382,000	$0	$527,542	$228,932	$241,815	$811,177	$57,935	$95,612	$20,884
8	Total Nursing Facility Days As Filed Days = 19,113	FY24 Audited C/R Days	19,113									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,113	FY24 GL-PL Ins Rpt Days								19,113		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.42	$124.63	$0.00	$27.60	$24.63	*(with L&H)*	$42.44	$3.03	$5.00	$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3003**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$95.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.85	$0.00	$27.60	$24.63		$42.44	$3.03	$5.00	$1.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.93	$95.85	$0.00	$27.60	$24.63		$39.61	$3.03	14.12 *(FRV)*	$1.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$205.93	$95.85	$0.00	$27.60	$24.63	$0.00	$39.61	$3.03	$14.12	$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4150**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$135.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$245.71	$135.63	$0.00	$27.60	$24.63	$0.00	$39.61	$3.03	$14.12	$1.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.36	$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.78	$6.78								
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	$26.40	$8.67	$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	**$272.11**	**$144.30**	**$0.00**	**$27.82**	**$25.04**	**$0.00**	**$56.71**	**$3.03**	**$14.12**	**$1.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **KEYSVILLE NURSING HOME & REHAB**
Prvdr ID: **00141655A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	41.46%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.12	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4015	1.4173
Quarterly Medicaid CMI:	1.3907	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4185	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,165,028	$2,625,674	$0	$673,859	$338,214	$355,523	$606,981		$564,777	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($203,681)	($20,240)	$0	$0	$0	$0	($143,215)		($40,226)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$131,887		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$40,226
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,133,460	$2,605,434	$0	$673,859	$338,214	$355,523	$463,766	$131,887	$524,551	$40,226
8	Total Nursing Facility Days As Filed Days = 21,506	FY24 Audited C/R Days	21,506									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,506	FY24 GL-PL Ins Rpt Days								21,506		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$238.69	$121.15	$0.00	$31.33	$32.26	*(with L&H)*	$21.56	$6.13	$24.39	$1.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4015**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.45	$0.00	$31.33	$32.26		$21.56	$6.13	$24.39	$1.87
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.55	$86.45	$0.00	$31.33	$32.26		$21.56	$6.13	15.95 *(FRV)*	$1.87
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$195.55	$86.45	$0.00	$31.33	$32.26	$0.00	$21.56	$6.13	$15.95	$1.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4185**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$122.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.73	$122.63	$0.00	$31.33	$32.26	$0.00	$21.56	$6.13	$15.95	$1.87
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.07	$3.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.13	$6.13								
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	$27.83	$9.73	$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	**$259.56**	**$132.36**	**$0.00**	**$31.55**	**$32.67**	**$0.00**	**$39.03**	**$6.13**	**$15.95**	**$1.87**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.85**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **COUNTRYSIDE POST ACUTE**
Prvdr ID: **00141666A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.50%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3182	1.4173
Quarterly Medicaid CMI:	1.3775	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.4050	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,982,449	$2,219,766	$0	$350,747	$213,840	$224,582	$662,459		$311,055	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($92,948)	($29,462)	$0	$0	$0	$2,100	($40,693)		($24,893)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$47,460		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$24,893
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,961,854	$2,190,304	$0	$350,747	$213,840	$226,682	$621,766	$47,460	$286,162	$24,893
8	Total Nursing Facility Days As Filed Days = 18,752	FY24 Audited C/R Days	18,752									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,752	FY24 GL-PL Ins Rpt Days								18,752		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$211.27	$116.80	$0.00	$18.70	$23.49	*(with L&H)*	$33.16	$2.53	$15.26	$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3182**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$88.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.61	$0.00	$18.70	$23.49		$33.16	$2.53	$15.26	$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$175.86	$88.61	$0.00	$18.70	$23.49		$33.16	$2.53	8.04 *(FRV)*	$1.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$175.86	$88.61	$0.00	$18.70	$23.49	$0.00	$33.16	$2.53	$8.04	$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4050**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$124.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$211.75	$124.50	$0.00	$18.70	$23.49	$0.00	$33.16	$2.53	$8.04	$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.11	$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.74	$3.74								
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	$25.48	$7.38	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$237.23**	**$131.88**	**$0.00**	**$18.92**	**$23.90**	**$0.00**	**$50.63**	**$2.53**	**$8.04**	**$1.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.10**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **LAKE CITY CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00141699A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.05%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.08	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2920	1.4173
Quarterly Medicaid CMI:	1.3430	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3699	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$14,102,760	$8,067,955	$0	$1,672,697	$694,369	$883,172	$2,062,371		$722,196	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($321,962)	($12,666)	$0	($11,508)	$5,214	$11,814	($186,087)		($128,729)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$149,165		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$128,729
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$14,058,692	$8,055,289	$0	$1,661,189	$699,583	$894,986	$1,876,284	$149,165	$593,467	$128,729
8	Total Nursing Facility Days As Filed Days = 78,422	FY24 Audited C/R Days	78,422									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,422	FY24 GL-PL Ins Rpt Days								78,422		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$179.27	$102.72	$0.00	$21.18	$20.33	*(with L&H)*	$23.93	$1.90	$7.57	$1.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2920**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$79.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.51	$0.00	$21.18	$20.33		$23.93	$1.90	$7.57	$1.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$159.51	$79.51	$0.00	$21.18	$20.33		$23.93	$1.90	11.02 *(FRV)*	$1.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$159.51	$79.51	$0.00	$21.18	$20.33	$0.00	$23.93	$1.90	$11.02	$1.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3699**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$108.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$188.92	$108.92	$0.00	$21.18	$20.33	$0.00	$23.93	$1.90	$11.02	$1.64
	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	$2.72	$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.27	$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.62	$6.52	$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	**$213.54**	**$115.44**	**$0.00**	**$21.40**	**$20.74**	**$0.00**	**$41.40**	**$1.90**	**$11.02**	**$1.64**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$147.33**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - LAKEHAVEN, LLC**
Prvdr ID: **00141721A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	9.59%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.20	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4747	1.4173
Quarterly Medicaid CMI:	1.4133	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4416	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,738,132	$3,540,627	$0	$553,009	$352,447	$483,596	$1,015,198		$793,255	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($336,038)	($85,642)	$0	$0	($195)	$0	($228,646)		($21,555)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$325,574		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$23,178
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,750,846	$3,454,985	$0	$553,009	$352,252	$483,596	$786,552	$325,574	$771,700	$23,178
8	Total Nursing Facility Days As Filed Days = 29,571	FY24 Audited C/R Days	29,571									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,571	FY24 GL-PL Ins Rpt Days								29,571		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.30	$116.84	$0.00	$18.70	$28.27	*(with L&H)*	$26.60	$11.01	$26.10	$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4747**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$79.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.23	$0.00	$18.70	$28.27		$26.60	$11.01	$26.10	$0.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$175.56	$79.23	$0.00	$18.70	$28.27		$26.60	$11.01	10.97 *(FRV)*	$0.78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$175.56	$79.23	$0.00	$18.70	$28.27	$0.00	$26.60	$11.01	$10.97	$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4416**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$114.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$210.55	$114.22	$0.00	$18.70	$28.27	$0.00	$26.60	$11.01	$10.97	$0.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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 = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.57	$4.57								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.20	$5.10	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$233.75**	**$119.32**	**$0.00**	**$18.92**	**$28.68**	**$0.00**	**$44.07**	**$11.01**	**$10.97**	**$0.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$162.49**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SGMC HEALTH VILLA**
Prvdr ID: **00141732A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.32%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.20	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3797	1.4173
Quarterly Medicaid CMI:	1.2609	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2861	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,666,443	$2,920,179	$0	$1,392,510	$350,570	$727,010	$813,831		$462,343	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($94,283)	$263,162	$0	$0	($1,029)	($16,635)	($298,277)		($41,504)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$41,382
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,613,542	$3,183,341	$0	$1,392,510	$349,541	$710,375	$515,554	$0	$420,839	$41,382
8	Total Nursing Facility Days As Filed Days = 20,955	FY24 Audited C/R Days	20,902									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,955	FY24 GL-PL Ins Rpt Days								20,902		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$316.41	$152.30	$0.00	$66.62	$50.71	*(with L&H)*	$24.67	$0.00	$20.13	$1.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3797**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$110.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.39	$0.00	$66.62	$50.71		$24.67	$0.00	$20.13	$1.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$249.38	$110.39	$0.00	$41.20	$35.91		$24.67	$0.00	35.23 *(FRV)*	$1.98
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$249.38	$110.39	$0.00	$41.20	$35.91	$0.00	$24.67	$0.00	$35.23	$1.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2861**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$141.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$280.96	$141.97	$0.00	$41.20	$35.91	$0.00	$24.67	$0.00	$35.23	$1.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.90	$0.53	$0.00	$0.00	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.42	$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.26	$4.26								
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	$23.68	$6.21	$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	**$304.64**	**$148.18**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$42.14**	**$0.00**	**$35.23**	**$1.98**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$215.66**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - LIMESTONE**
Prvdr ID: **00141743A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.74%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.94	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3917	1.4173
Quarterly Medicaid CMI:	1.6237	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6562	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,730,630	$5,088,616	$0	$900,580	$506,263	$509,535	$1,416,759		$1,308,877	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($672,306)	($156,896)	$0	$200	($20,248)	($30,776)	($231,169)		($233,417)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$377,271		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$215,251
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,650,846	$4,931,720	$0	$900,780	$486,015	$478,759	$1,185,590	$377,271	$1,075,460	$215,251
8	Total Nursing Facility Days As Filed Days = 32,430	FY24 Audited C/R Days	32,430									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,430	FY24 GL-PL Ins Rpt Days								32,430		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$297.59	$152.07	$0.00	$27.78	$29.75	*(with L&H)*	$36.56	$11.63	$33.16	$6.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3917**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$109.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$109.27	$0.00	$27.78	$29.75		$36.56	$11.63	$33.16	$6.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$261.00	$109.27	$0.00	$27.78	$29.75		$36.56	$11.63	39.37 *(FRV)*	$6.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$261.00	$109.27	$0.00	$27.78	$29.75	$0.00	$36.56	$11.63	$39.37	$6.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6562**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$180.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$332.70	$180.97	$0.00	$27.78	$29.75	$0.00	$36.56	$11.63	$39.37	$6.64
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.81	$1.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.24	$7.24								
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	$27.68	$9.58	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$360.38**	**$190.55**	**$0.00**	**$28.00**	**$30.16**	**$0.00**	**$54.03**	**$11.63**	**$39.37**	**$6.64**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$257.46**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SPALDING POST ACUTE LLC**
Prvdr ID: **00141754A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.46%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.95	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3931	1.4173
Quarterly Medicaid CMI:	1.4674	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4967	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,849,486	$5,745,504	$0	$1,105,013	$400,594	$434,141	$1,803,260		$1,360,974	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($620,939)	($98,353)	$0	($1,441)	($3,008)	$860	($331,953)		($187,044)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,228,547	$5,647,151	$0	$1,103,572	$397,586	$435,001	$1,471,307	$0	$1,173,930	$0
8	Total Nursing Facility Days As Filed Days = 51,048	FY24 Audited C/R Days	51,046									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,048	FY24 GL-PL Ins Rpt Days								51,046		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$200.38	$110.63	$0.00	$21.62	$16.31	*(with L&H)*	$28.82	$0.00	$23.00	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3931**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$79.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.41	$0.00	$21.62	$16.31		$28.82	$0.00	$23.00	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$156.73	$79.41	$0.00	$21.62	$16.31		$28.82	$0.00	10.57 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$156.73	$79.41	$0.00	$21.62	$16.31	$0.00	$28.82	$0.00	$10.57	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4967**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$118.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$196.17	$118.85	$0.00	$21.62	$16.31	$0.00	$28.82	$0.00	$10.57	$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.54	$6.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.94	$5.94								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$31.11	$13.01	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$227.28**	**$131.86**	**$0.00**	**$21.84**	**$16.72**	**$0.00**	**$46.29**	**$0.00**	**$10.57**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$157.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MAGNOLIA MANOR OF MARION COUNTY**
Prvdr ID: **00141809A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.89%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.33	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6754	1.4173
Quarterly Medicaid CMI:	1.3272	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3538	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,854,624	$4,807,191	$0	$612,989	$359,988	$445,412	$1,096,212		$532,832	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($157,823)	$0	$0	$0	$0	$0	($83,805)		($74,018)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$83,805		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$74,018
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,854,624	$4,807,191	$0	$612,989	$359,988	$445,412	$1,012,407	$83,805	$458,814	$74,018
8	Total Nursing Facility Days As Filed Days = 22,462	FY24 Audited C/R Days	22,462									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,462	FY24 GL-PL Ins Rpt Days								22,462		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$349.69	$214.01	$0.00	$27.29	$35.86	*(with L&H)*	$45.07	$3.73	$20.43	$3.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6754**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$127.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$127.74	$0.00	$27.29	$35.86		$45.07	$3.73	$20.43	$3.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$262.37	$121.00	$0.00	$27.29	$35.86		$39.61	$3.73	31.58 *(FRV)*	$3.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$262.37	$121.00	$0.00	$27.29	$35.86	$0.00	$39.61	$3.73	$31.58	$3.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3538**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$163.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$305.18	$163.81	$0.00	$27.29	$35.86	$0.00	$39.61	$3.73	$31.58	$3.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.26	$0.00	$0.00	$0.22	$0.04	$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	$4.10	$4.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.19	$8.19								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.65	$12.29	$0.00	$0.22	$0.04	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$334.83**	**$176.10**	**$0.00**	**$27.51**	**$35.90**	**$0.00**	**$56.71**	**$3.73**	**$31.58**	**$3.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$238.30**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **LEGACY TRANSITIONAL CARE & REHABILITATION**
Prvdr ID: **00141831A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.11%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.08	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1732	1.4173
Quarterly Medicaid CMI:	1.6039	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6360	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,446,478	$7,008,755	$0	$1,153,607	$537,153	$762,305	$1,941,653		$2,043,005	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($741,905)	($48,423)	$0	$0	$0	$0	($508,142)		($185,340)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$524,121		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$185,340
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,414,034	$6,960,332	$0	$1,153,607	$537,153	$762,305	$1,433,511	$524,121	$1,857,665	$185,340
8	Total Nursing Facility Days As Filed Days = 64,740	FY24 Audited C/R Days	64,740									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 64,740	FY24 GL-PL Ins Rpt Days								64,740		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$207.19	$107.51	$0.00	$17.82	$20.07	*(with L&H)*	$22.14	$8.10	$28.69	$2.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1732**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.64	$0.00	$17.82	$20.07		$22.14	$8.10	$28.69	$2.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$175.50	$91.64	$0.00	$17.82	$20.07		$22.14	$8.10	12.87 *(FRV)*	$2.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$175.50	$91.64	$0.00	$17.82	$20.07	$0.00	$22.14	$8.10	$12.87	$2.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6360**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$149.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.78	$149.92	$0.00	$17.82	$20.07	$0.00	$22.14	$8.10	$12.87	$2.86
	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	$1.50	$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.50	$4.50								
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	$24.63	$6.53	$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	**$258.41**	**$156.45**	**$0.00**	**$18.04**	**$20.48**	**$0.00**	**$39.61**	**$8.10**	**$12.87**	**$2.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$180.98**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SADIE G. MAYS HEALTH & REHABILITATION CENTER**
Prvdr ID: **00141842A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	41.58%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3573	1.4173
Quarterly Medicaid CMI:	1.4758	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5054	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,741,161	$6,912,431	$0	$1,306,695	$571,856	$592,203	$3,003,321		$354,655	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($1,004,008)	($163,664)	$0	($9,108)	($1,786)	$3,275	($765,693)		($67,032)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$661,359		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$66,976
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,465,488	$6,748,767	$0	$1,297,587	$570,070	$595,478	$2,237,628	$661,359	$287,623	$66,976
8	Total Nursing Facility Days As Filed Days = 53,951	FY24 Audited C/R Days	53,982									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,951	FY24 GL-PL Ins Rpt Days								53,982		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.92	$125.02	$0.00	$24.04	$21.59	*(with L&H)*	$41.45	$12.25	$5.33	$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3573**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$92.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.11	$0.00	$24.04	$21.59		$41.45	$12.25	$5.33	$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.11	$92.11	$0.00	$24.04	$21.59		$39.61	$12.25	14.27 *(FRV)*	$1.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$205.11	$92.11	$0.00	$24.04	$21.59	$0.00	$39.61	$12.25	$14.27	$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5054**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$138.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.66	$138.66	$0.00	$24.04	$21.59	$0.00	$39.61	$12.25	$14.27	$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.47	$3.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.16	$4.16								
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	$8.79	$8.16	$0.00	$0.22	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$260.45**	**$146.82**	**$0.00**	**$24.26**	**$22.00**	**$0.00**	**$39.61**	**$12.25**	**$14.27**	**$1.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.34**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MCRAE MANOR NURSING HOME**
Prvdr ID: **00141853A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.07%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4277	1.4173
Quarterly Medicaid CMI:	1.5326	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5633	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,400,411	$3,888,919	$0	$766,716	$459,950	$387,640	$1,130,986		$766,200	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($482,057)	($50,562)	$0	($7,084)	($1,137)	($958)	($353,584)		($68,732)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$370,448		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$68,562
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,357,364	$3,838,357	$0	$759,632	$458,813	$386,682	$777,402	$370,448	$697,468	$68,562
8	Total Nursing Facility Days As Filed Days = 29,510	FY24 Audited C/R Days	29,510									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,510	FY24 GL-PL Ins Rpt Days								29,510		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$249.30	$130.07	$0.00	$25.74	$28.65	*(with L&H)*	$26.34	$12.55	$23.63	$2.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4277**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.11	$0.00	$25.74	$28.65		$26.34	$12.55	$23.63	$2.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.05	$91.11	$0.00	$25.74	$28.65		$26.34	$12.55	13.34 *(FRV)*	$2.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$200.05	$91.11	$0.00	$25.74	$28.65	$0.00	$26.34	$12.55	$13.34	$2.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5633**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.37	$142.43	$0.00	$25.74	$28.65	$0.00	$26.34	$12.55	$13.34	$2.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$3.56	$3.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.27	$4.27								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.46	$8.36	$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	**$277.83**	**$150.79**	**$0.00**	**$25.96**	**$29.06**	**$0.00**	**$43.81**	**$12.55**	**$13.34**	**$2.32**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **TUCKER PARK CROSSING OF JOURNEY LLC**
Prvdr ID: **00141864A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.41%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.93	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7503	1.4173
Quarterly Medicaid CMI:	1.6330	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6656	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,316,914	$5,930,844	$0	$858,569	$390,686	$574,588	$2,324,816		$2,237,411	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($383,260)	($150,985)	$0	($20,271)	($1,364)	$408	$2,660		($213,708)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$114,209		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$212,962
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,260,825	$5,779,859	$0	$838,298	$389,322	$574,996	$2,327,476	$114,209	$2,023,703	$212,962
8	Total Nursing Facility Days As Filed Days = 41,146	FY24 Audited C/R Days	41,146									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,146	FY24 GL-PL Ins Rpt Days								41,146		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$297.99	$140.47	$0.00	$20.37	$23.44	*(with L&H)*	$56.57	$2.78	$49.18	$5.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7503**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$80.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.25	$0.00	$20.37	$23.44		$56.57	$2.78	$49.18	$5.18
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.24	$80.25	$0.00	$20.37	$23.44		$39.61	$2.78	18.61 *(FRV)*	$5.18
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$190.24	$80.25	$0.00	$20.37	$23.44	$0.00	$39.61	$2.78	$18.61	$5.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6656**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$133.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$243.65	$133.66	$0.00	$20.37	$23.44	$0.00	$39.61	$2.78	$18.61	$5.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.34	$3.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	$24.27	$6.54	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$267.92**	**$140.20**	**$0.00**	**$20.59**	**$23.85**	**$0.00**	**$56.71**	**$2.78**	**$18.61**	**$5.18**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$188.12**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RIDGECREST REHAB & SKILLED NURSING CENTER**
Prvdr ID: **00141886A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.38	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3471	1.4173
Quarterly Medicaid CMI:	1.2267	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2512	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,306,959	$2,361,035	$0	$541,925	$269,945	$282,446	$722,946		$2,128,662	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($146,122)	$0	$0	$0	$0	$0	($125,043)		($21,079)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$125,043		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$21,079
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,306,959	$2,361,035	$0	$541,925	$269,945	$282,446	$597,903	$125,043	$2,107,583	$21,079
8	Total Nursing Facility Days As Filed Days = 10,940	FY24 Audited C/R Days	10,940									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,940	FY24 GL-PL Ins Rpt Days								10,940		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$576.51	$215.82	$0.00	$49.54	$50.49	*(with L&H)*	$54.65	$11.43	$192.65	$1.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3471**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$160.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$160.21	$0.00	$49.54	$50.49		$54.65	$11.43	$192.65	$1.93
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$289.03	$121.00	$0.00	$31.73	$35.91		$39.61	$11.43	47.42 *(FRV)*	$1.93
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$289.03	$121.00	$0.00	$31.73	$35.91	$0.00	$39.61	$11.43	$47.42	$1.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2512**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$151.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$319.43	$151.40	$0.00	$31.73	$35.91	$0.00	$39.61	$11.43	$47.42	$1.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$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	$1.51	$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.57	$7.57								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.18	$9.08	$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	**$345.61**	**$160.48**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$56.71**	**$11.43**	**$47.42**	**$1.93**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$246.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - MACON**
Prvdr ID: **00141908A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.30%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.60	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5352	1.4173
Quarterly Medicaid CMI:	1.6930	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7268	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,501,889	$7,978,151	$0	$1,053,772	$459,646	$900,797	$2,422,686		$686,837	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($2,342,162)	($1,444,477)	$0	($39,870)	($26,914)	($52,040)	($679,640)		($99,221)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$824,092		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$95,225
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,079,044	$6,533,674	$0	$1,013,902	$432,732	$848,757	$1,743,046	$824,092	$587,616	$95,225
8	Total Nursing Facility Days As Filed Days = 56,482	FY24 Audited C/R Days	54,168									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,482	FY24 GL-PL Ins Rpt Days								54,168		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$223.00	$120.62	$0.00	$18.72	$23.66	*(with L&H)*	$32.18	$15.21	$10.85	$1.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5352**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.57	$0.00	$18.72	$23.66		$32.18	$15.21	$10.85	$1.76
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$180.45	$78.57	$0.00	$18.72	$23.66		$32.18	$15.21	10.35 *(FRV)*	$1.76
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$180.45	$78.57	$0.00	$18.72	$23.66	$0.00	$32.18	$15.21	$10.35	$1.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7268**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$135.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$237.55	$135.67	$0.00	$18.72	$23.66	$0.00	$32.18	$15.21	$10.35	$1.76
	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	$1.36	$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.43	$5.43								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.42	$7.32	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$262.97**	**$142.99**	**$0.00**	**$18.94**	**$24.07**	**$0.00**	**$49.65**	**$15.21**	**$10.35**	**$1.76**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.40**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MEMORIAL MANOR NURSING HOME**
Prvdr ID: **00141919A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.83%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	no data	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3070	1.4173
Quarterly Medicaid CMI:	1.5124	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5427	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,258,771	$3,274,267	$0	$1,207,558	$340,688	$591,418	$577,658		$267,182	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($100,606)	($197,666)	$0	$0	$542	($7,328)	$159,738		($55,892)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$37,671		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$55,975
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,251,811	$3,076,601	$0	$1,207,558	$341,230	$584,090	$737,396	$37,671	$211,290	$55,975
8	Total Nursing Facility Days As Filed Days = 23,405	FY24 Audited C/R Days	23,405									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,405	FY24 GL-PL Ins Rpt Days								23,405		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$267.12	$131.45	$0.00	$51.59	$39.54	*(with L&H)*	$31.51	$1.61	$9.03	$2.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3070**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$100.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.57	$0.00	$51.59	$39.54		$31.51	$1.61	$9.03	$2.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$226.57	$100.57	$0.00	$41.20	$35.91		$31.51	$1.61	13.38 *(FRV)*	$2.39
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$226.57	$100.57	$0.00	$41.20	$35.91	$0.00	$31.51	$1.61	$13.38	$2.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5427**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$155.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$281.15	$155.15	$0.00	$41.20	$35.91	$0.00	$31.51	$1.61	$13.38	$2.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.90	$0.53	$0.00	$0.00	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.55	$1.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.00	$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$19.55	$2.08	$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	**$300.70**	**$157.23**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$48.98**	**$1.61**	**$13.38**	**$2.39**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$212.70**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MEDICAL MANAGEMENT HEALTH AND REHAB CENTER**
Prvdr ID: **00141941A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.95%	0.0%
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:	1.1303	1.4173
Quarterly Medicaid CMI:	1.7488	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7838	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,429,040	$2,992,654	$0	$503,286	$312,988	$265,685	$845,985		$508,442	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($99,202)	($3,013)	$0	$0	$0	$0	($50,472)		($45,717)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$45,717
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,375,555	$2,989,641	$0	$503,286	$312,988	$265,685	$795,513	$0	$462,725	$45,717
8	Total Nursing Facility Days As Filed Days = 29,864	FY24 Audited C/R Days	29,864									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,864	FY24 GL-PL Ins Rpt Days								29,864		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$180.00	$100.11	$0.00	$16.85	$19.38	*(with L&H)*	$26.64	$0.00	$15.49	$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1303**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$88.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.57	$0.00	$16.85	$19.38		$26.64	$0.00	$15.49	$1.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$163.22	$88.57	$0.00	$16.85	$19.38		$26.64	$0.00	10.25 *(FRV)*	$1.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$163.22	$88.57	$0.00	$16.85	$19.38	$0.00	$26.64	$0.00	$10.25	$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7838**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$157.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$232.64	$157.99	$0.00	$16.85	$19.38	$0.00	$26.64	$0.00	$10.25	$1.53
	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 = 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	$4.74	$4.74								
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	$23.37	$5.27	$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	**$256.01**	**$163.26**	**$0.00**	**$17.07**	**$19.79**	**$0.00**	**$44.11**	**$0.00**	**$10.25**	**$1.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.18**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WARM SPRINGS MEDICAL CENTER NURSING HOME**
Prvdr ID: **00141952A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	14.52%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.85	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2611	1.4173
Quarterly Medicaid CMI:	1.2160	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2403	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,118,586	$4,523,232	$0	$773,454	$313,335	$278,427	$1,002,327		$227,811	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($58,071)	($11,140)	$0	$0	$2,528	$2,247	($43,201)		($8,505)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$54,341		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$8,574
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,123,430	$4,512,092	$0	$773,454	$315,863	$280,674	$959,126	$54,341	$219,306	$8,574
8	Total Nursing Facility Days As Filed Days = 27,387	FY24 Audited C/R Days	27,387									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,387	FY24 GL-PL Ins Rpt Days								27,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$260.09	$164.75	$0.00	$28.24	$21.78	*(with L&H)*	$35.02	$1.98	$8.01	$0.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2611**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$130.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$130.64	$0.00	$28.24	$21.78		$35.02	$1.98	$8.01	$0.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$223.60	$121.00	$0.00	$28.24	$21.78		$35.02	$1.98	15.27 *(FRV)*	$0.31
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$223.60	$121.00	$0.00	$28.24	$21.78	$0.00	$35.02	$1.98	$15.27	$0.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2403**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$150.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$252.68	$150.08	$0.00	$28.24	$21.78	$0.00	$35.02	$1.98	$15.27	$0.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.00	$0.00	$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	$4.50	$4.50								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.60	$4.50	$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	**$275.28**	**$154.58**	**$0.00**	**$28.46**	**$22.19**	**$0.00**	**$52.49**	**$1.98**	**$15.27**	**$0.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **AZALEA HEALTH AND REHABILITATION**
Prvdr ID: **00141963A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.62%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2754	1.4173
Quarterly Medicaid CMI:	1.2989	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3249	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,178,638	$2,687,557	$0	$672,181	$276,531	$291,429	$1,002,743		$248,197	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($145,783)	$0	$0	$0	$0	$0	($93,203)		($52,580)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$93,203		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$52,580
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,178,638	$2,687,557	$0	$672,181	$276,531	$291,429	$909,540	$93,203	$195,617	$52,580
8	Total Nursing Facility Days As Filed Days = 21,062	FY24 Audited C/R Days	21,062									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,062	FY24 GL-PL Ins Rpt Days								21,062		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$245.88	$127.60	$0.00	$31.91	$26.97	*(with L&H)*	$43.18	$4.43	$9.29	$2.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2754**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$100.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.05	$0.00	$31.91	$26.97		$43.18	$4.43	$9.29	$2.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$218.86	$100.05	$0.00	$31.73	$26.97		$39.61	$4.43	13.57 *(FRV)*	$2.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$218.86	$100.05	$0.00	$31.73	$26.97	$0.00	$39.61	$4.43	$13.57	$2.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3249**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$132.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.37	$132.56	$0.00	$31.73	$26.97	$0.00	$39.61	$4.43	$13.57	$2.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$1.33	$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.63	$6.63								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.00	$8.49	$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	**$277.37**	**$141.05**	**$0.00**	**$31.73**	**$27.38**	**$0.00**	**$56.71**	**$4.43**	**$13.57**	**$2.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.20**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **EASTMAN HEALTHCARE & REHAB**
Prvdr ID: **00141974A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.32%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2938	1.4173
Quarterly Medicaid CMI:	1.5014	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5314	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,941,002	$3,008,590	$0	$563,861	$305,921	$391,083	$1,286,914		$384,633	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($195,943)	($43,229)	$0	$0	$0	$0	($122,544)		($30,170)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$154,119		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$30,170
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,929,348	$2,965,361	$0	$563,861	$305,921	$391,083	$1,164,370	$154,119	$354,463	$30,170
8	Total Nursing Facility Days As Filed Days = 31,403	FY24 Audited C/R Days	31,403									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,403	FY24 GL-PL Ins Rpt Days								31,403		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$188.83	$94.43	$0.00	$17.96	$22.20	*(with L&H)*	$37.08	$4.91	$11.29	$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2938**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$72.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.99	$0.00	$17.96	$22.20		$37.08	$4.91	$11.29	$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$166.55	$72.99	$0.00	$17.96	$22.20		$37.08	$4.91	10.45 *(FRV)*	$0.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$166.55	$72.99	$0.00	$17.96	$22.20	$0.00	$37.08	$4.91	$10.45	$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5314**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$205.34	$111.78	$0.00	$17.96	$22.20	$0.00	$37.08	$4.91	$10.45	$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.12	$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.35	$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.10	$5.00	$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	**$228.44**	**$116.78**	**$0.00**	**$18.18**	**$22.61**	**$0.00**	**$54.55**	**$4.91**	**$10.45**	**$0.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$158.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MAGNOLIA MANOR OF MIDWAY**
Prvdr ID: **00141985A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.28%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.45	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3418	1.4173
Quarterly Medicaid CMI:	1.5629	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5942	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,327,887	$4,236,252	$0	$603,489	$482,703	$400,583	$1,651,874		$952,986	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($503,729)	($9,984)	$0	$9,984	$0	$0	($326,984)		($176,745)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$326,984		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$176,745
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,327,887	$4,226,268	$0	$613,473	$482,703	$400,583	$1,324,890	$326,984	$776,241	$176,745
8	Total Nursing Facility Days As Filed Days = 26,558	FY24 Audited C/R Days	26,558									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,558	FY24 GL-PL Ins Rpt Days								26,558		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$313.58	$159.13	$0.00	$23.10	$33.26	*(with L&H)*	$49.89	$12.31	$29.23	$6.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3418**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$118.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$118.60	$0.00	$23.10	$33.26		$49.89	$12.31	$29.23	$6.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$251.32	$118.60	$0.00	$23.10	$33.26		$39.61	$12.31	17.78 *(FRV)*	$6.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$251.32	$118.60	$0.00	$23.10	$33.26	$0.00	$39.61	$12.31	$17.78	$6.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5942**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$189.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$321.79	$189.07	$0.00	$23.10	$33.26	$0.00	$39.61	$12.31	$17.78	$6.66
	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	$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	$5.67	$5.67								
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	$28.66	$10.93	$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	**$350.45**	**$200.00**	**$0.00**	**$23.32**	**$33.67**	**$0.00**	**$56.71**	**$12.31**	**$17.78**	**$6.66**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$250.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MILLER NURSING HOME**
Prvdr ID: **00141996A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	64.79%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.11	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	2.9427	1.4173
Quarterly Medicaid CMI:	2.9078	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.9660	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,926,464	$3,960,645	$0	$1,212,996	$415,061	$454,767	$3,758,617		$1,124,378	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($202,078)	$0	$0	$0	$0	$0	($154,952)		($47,126)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$154,952		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$47,126
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,926,464	$3,960,645	$0	$1,212,996	$415,061	$454,767	$3,603,665	$154,952	$1,077,252	$47,126
8	Total Nursing Facility Days As Filed Days = 28,742	FY24 Audited C/R Days	28,742									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,742	FY24 GL-PL Ins Rpt Days								28,742		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$380.15	$137.80	$0.00	$42.20	$30.26	*(with L&H)*	$125.38	$5.39	$37.48	$1.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**2.9427**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$46.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$46.83	$0.00	$42.20	$30.26		$125.38	$5.39	$37.48	$1.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$191.93	$46.83	$0.00	$41.20	$30.26		$39.61	$5.39	27.00 *(FRV)*	$1.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$191.93	$46.83	$0.00	$41.20	$30.26	$0.00	$39.61	$5.39	$27.00	$1.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.9660**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$138.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$284.00	$138.90	$0.00	$41.20	$30.26	$0.00	$39.61	$5.39	$27.00	$1.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$7.64	$7.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.17	$4.17								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.85	$12.34	$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	**$313.85**	**$151.24**	**$0.00**	**$41.20**	**$30.67**	**$0.00**	**$56.71**	**$5.39**	**$27.00**	**$1.64**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$222.56**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **NEW HORIZONS LIMESTONE**
Prvdr ID: **00142007A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.67%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.31	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4212	1.4173
Quarterly Medicaid CMI:	1.4385	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4673	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,650,020	$6,756,320	$0	$1,553,281	$458,991	$1,021,259	$2,382,855		$477,314	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($84,777)	$0	$0	$0	$0	$0	($77,540)		($7,237)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$77,540		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$7,237
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,650,020	$6,756,320	$0	$1,553,281	$458,991	$1,021,259	$2,305,315	$77,540	$470,077	$7,237
8	Total Nursing Facility Days As Filed Days = 30,028	FY24 Audited C/R Days	30,028									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,028	FY24 GL-PL Ins Rpt Days								30,028		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$421.27	$225.00	$0.00	$51.73	$49.30	*(with L&H)*	$76.77	$2.58	$15.65	$0.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4212**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$158.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$158.32	$0.00	$51.73	$49.30		$76.77	$2.58	$15.65	$0.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$254.72	$121.00	$0.00	$41.20	$35.91		$39.61	$2.58	14.18 *(FRV)*	$0.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$254.72	$121.00	$0.00	$41.20	$35.91	$0.00	$39.61	$2.58	$14.18	$0.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4673**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$177.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$311.26	$177.54	$0.00	$41.20	$35.91	$0.00	$39.61	$2.58	$14.18	$0.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.33	$5.33								
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	$5.33	$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	**$333.69**	**$182.87**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$56.71**	**$2.58**	**$14.18**	**$0.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$237.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ARCHBOLD LIVING CAMILLA**
Prvdr ID: **00142018A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.05%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.69	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2958	1.4173
Quarterly Medicaid CMI:	1.2179	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2422	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,210,166	$2,852,067	$0	$369,753	$391,703	$377,476	$949,847		$269,320	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($23,964)	$1,968	$0	$0	$38	$37	($16,805)		($9,202)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$16,805		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,203,007	$2,854,035	$0	$369,753	$391,741	$377,513	$933,042	$16,805	$260,118	$0
8	Total Nursing Facility Days As Filed Days = 15,613	FY24 Audited C/R Days	15,613									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,613	FY24 GL-PL Ins Rpt Days								15,613		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$333.25	$182.80	$0.00	$23.68	$49.27	*(with L&H)*	$59.76	$1.08	$16.66	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2958**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$141.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$141.08	$0.00	$23.68	$49.27		$59.76	$1.08	$16.66	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$236.29	$121.00	$0.00	$23.68	$35.91		$39.61	$1.08	15.01 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$236.29	$121.00	$0.00	$23.68	$35.91	$0.00	$39.61	$1.08	$15.01	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2422**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$150.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.60	$150.31	$0.00	$23.68	$35.91	$0.00	$39.61	$1.08	$15.01	$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)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.51	$4.51								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.83	$4.51	$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	**$287.43**	**$154.82**	**$0.00**	**$23.90**	**$35.91**	**$0.00**	**$56.71**	**$1.08**	**$15.01**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.75**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MONTEZUMA HEALTH AND REHABILITATION**
Prvdr ID: **00142062A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	53.13%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.25	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3419	1.4173
Quarterly Medicaid CMI:	1.4608	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4900	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,921,074	$3,249,798	$0	$616,573	$349,613	$424,080	$1,099,125		$181,885	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($96,830)	$0	$0	$0	$0	$0	($80,098)		($16,732)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$66,733		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$16,732
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,907,709	$3,249,798	$0	$616,573	$349,613	$424,080	$1,019,027	$66,733	$165,153	$16,732
8	Total Nursing Facility Days As Filed Days = 24,866	FY24 Audited C/R Days	24,866									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,866	FY24 GL-PL Ins Rpt Days								24,866		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$237.57	$130.69	$0.00	$24.80	$31.11	*(with L&H)*	$40.98	$2.68	$6.64	$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3419**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.39	$0.00	$24.80	$31.11		$40.98	$2.68	$6.64	$0.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$212.02	$97.39	$0.00	$24.80	$31.11		$39.61	$2.68	15.76 *(FRV)*	$0.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$212.02	$97.39	$0.00	$24.80	$31.11	$0.00	$39.61	$2.68	$15.76	$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4900**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$145.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$259.74	$145.11	$0.00	$24.80	$31.11	$0.00	$39.61	$2.68	$15.76	$0.67
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.98	$7.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.71	$8.71								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$34.95	$17.22	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$294.69**	**$162.33**	**$0.00**	**$25.02**	**$31.52**	**$0.00**	**$56.71**	**$2.68**	**$15.76**	**$0.67**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$208.19**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **AVALON HEALTH AND REHABILITATION**
Prvdr ID: **00142084A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.84%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.63	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2380	1.4173
Quarterly Medicaid CMI:	1.1607	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.1840	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,284,449	$3,208,058	$0	$693,679	$337,005	$590,527	$1,134,217		$320,963	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($85,548)	$0	$0	$0	$0	$0	($70,200)		($15,348)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$70,200		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$15,348
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,284,449	$3,208,058	$0	$693,679	$337,005	$590,527	$1,064,017	$70,200	$305,615	$15,348
8	Total Nursing Facility Days As Filed Days = 23,457	FY24 Audited C/R Days	23,457									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,457	FY24 GL-PL Ins Rpt Days								23,457		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$267.90	$136.76	$0.00	$29.57	$39.54	*(with L&H)*	$45.36	$2.99	$13.03	$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2380**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$110.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.47	$0.00	$29.57	$39.54		$45.36	$2.99	$13.03	$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$232.74	$110.47	$0.00	$29.57	$35.91		$39.61	$2.99	13.54 *(FRV)*	$0.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$232.74	$110.47	$0.00	$29.57	$35.91	$0.00	$39.61	$2.99	$13.54	$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.1840**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$130.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.07	$130.80	$0.00	$29.57	$35.91	$0.00	$39.61	$2.99	$13.54	$0.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.27	$3.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.54	$6.54								
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	$27.66	$10.34	$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	**$280.73**	**$141.14**	**$0.00**	**$29.79**	**$35.91**	**$0.00**	**$56.71**	**$2.99**	**$13.54**	**$0.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - MOULTRIE**
Prvdr ID: **00142095A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.53%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.17	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5583	1.4173
Quarterly Medicaid CMI:	1.6429	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6758	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,265,260	$2,567,862	$0	$469,714	$246,449	$494,069	$917,324		$569,842	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($297,509)	($58,481)	$0	$0	($261)	$0	($190,138)		($48,629)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$245,891		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$52,288
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,265,930	$2,509,381	$0	$469,714	$246,188	$494,069	$727,186	$245,891	$521,213	$52,288
8	Total Nursing Facility Days As Filed Days = 23,018	FY24 Audited C/R Days	23,018									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,018	FY24 GL-PL Ins Rpt Days								23,018		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.77	$109.02	$0.00	$20.41	$32.16	*(with L&H)*	$31.59	$10.68	$22.64	$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5583**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$69.96	$0.00	$20.41	$32.16		$31.59	$10.68	$22.64	$2.27
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$187.38	$69.96	$0.00	$20.41	$32.16		$31.59	$10.68	20.31 *(FRV)*	$2.27
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$187.38	$69.96	$0.00	$20.41	$32.16	$0.00	$31.59	$10.68	$20.31	$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6758**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$117.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.66	$117.24	$0.00	$20.41	$32.16	$0.00	$31.59	$10.68	$20.31	$2.27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$1.17	$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.86	$5.86								
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	$25.66	$7.56	$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	**$260.32**	**$124.80**	**$0.00**	**$20.63**	**$32.57**	**$0.00**	**$49.06**	**$10.68**	**$20.31**	**$2.27**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$182.42**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RIVER BROOK HEALTHCARE CENTER**
Prvdr ID: **00142106A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.00%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.17	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3059	1.4173
Quarterly Medicaid CMI:	1.3376	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3644	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,780,430	$2,660,597	$0	$503,803	$210,305	$221,593	$873,373		$310,759	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($267,750)	($40,204)	$0	($2,201)	$0	$4,325	($198,797)		($30,873)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$65,445		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$30,873
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,608,998	$2,620,393	$0	$501,602	$210,305	$225,918	$674,576	$65,445	$279,886	$30,873
8	Total Nursing Facility Days As Filed Days = 25,683	FY24 Audited C/R Days	25,683									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,683	FY24 GL-PL Ins Rpt Days								25,683		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$179.46	$102.03	$0.00	$19.53	$16.98	*(with L&H)*	$26.27	$2.55	$10.90	$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3059**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.13	$0.00	$19.53	$16.98		$26.27	$2.55	$10.90	$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$154.07	$78.13	$0.00	$19.53	$16.98		$26.27	$2.55	9.41 *(FRV)*	$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$154.07	$78.13	$0.00	$19.53	$16.98	$0.00	$26.27	$2.55	$9.41	$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3644**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$106.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$182.54	$106.60	$0.00	$19.53	$16.98	$0.00	$26.27	$2.55	$9.41	$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$5.86	$5.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.13	$2.13								
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	$26.62	$8.52	$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	**$209.16**	**$115.12**	**$0.00**	**$19.75**	**$17.39**	**$0.00**	**$43.74**	**$2.55**	**$9.41**	**$1.20**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$144.05**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ORCHARD VIEW REHABILITATION & SKILLED NURSING CTR**
Prvdr ID: **00142117A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.05%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.55	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4088	1.4173
Quarterly Medicaid CMI:	1.3397	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3665	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$17,815,551	$10,290,813	$0	$1,687,011	$1,141,385	$768,121	$2,142,383		$1,785,838	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($945,504)	$0	$0	$0	($3,280)	($2,226)	($297,723)		($642,275)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$297,723		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$55,887
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$17,223,657	$10,290,813	$0	$1,687,011	$1,138,105	$765,895	$1,844,660	$297,723	$1,143,563	$55,887
8	Total Nursing Facility Days As Filed Days = 48,555	FY24 Audited C/R Days	48,555									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,555	FY24 GL-PL Ins Rpt Days								48,555		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$354.71	$211.94	$0.00	$34.74	$39.21	*(with L&H)*	$37.99	$6.13	$23.55	$1.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4088**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$150.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$150.44	$0.00	$34.74	$39.21		$37.99	$6.13	$23.55	$1.15
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$277.20	$121.00	$0.00	$31.73	$35.91		$37.99	$6.13	43.29 *(FRV)*	$1.15
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$277.20	$121.00	$0.00	$31.73	$35.91	$0.00	$37.99	$6.13	$43.29	$1.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3665**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$165.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$321.55	$165.35	$0.00	$31.73	$35.91	$0.00	$37.99	$6.13	$43.29	$1.15
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.37	$0.00	$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	$4.13	$4.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.61	$6.61								
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	$11.11	$10.74	$0.00	$0.00	$0.00	$0.00	$0.37	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$332.66**	**$176.09**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$38.36**	**$6.13**	**$43.29**	**$1.15**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$249.50**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SUMMERHILL ELDERLIVING HOME & CARE**
Prvdr ID: **00142139A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.50	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3620	1.4173
Quarterly Medicaid CMI:	1.3867	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4144	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$14,785,949	$8,910,935	$0	$1,674,973	$848,634	$844,911	$2,182,323		$324,173	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($384,143)	$8,469	$0	$0	$0	$2,095	($263,730)		($130,977)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$286,002		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$130,977
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$14,818,785	$8,919,404	$0	$1,674,973	$848,634	$847,006	$1,918,593	$286,002	$193,196	$130,977
8	Total Nursing Facility Days As Filed Days = 50,929	FY24 Audited C/R Days	50,929									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,929	FY24 GL-PL Ins Rpt Days								50,929		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$290.96	$175.13	$0.00	$32.89	$33.29	*(with L&H)*	$37.67	$5.62	$3.79	$2.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3620**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$128.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$128.58	$0.00	$32.89	$33.29		$37.67	$5.62	$3.79	$2.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$251.66	$121.00	$0.00	$31.73	$33.29		$37.67	$5.62	19.78 *(FRV)*	$2.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$251.66	$121.00	$0.00	$31.73	$33.29	$0.00	$37.67	$5.62	$19.78	$2.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4144**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$171.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$301.80	$171.14	$0.00	$31.73	$33.29	$0.00	$37.67	$5.62	$19.78	$2.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.78	$0.00	$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	$4.28	$4.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$10.27	$10.27								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$32.43	$14.55	$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	**$334.23**	**$185.69**	**$0.00**	**$31.73**	**$33.70**	**$0.00**	**$55.14**	**$5.62**	**$19.78**	**$2.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$237.85**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HERITAGE INN HEALTH AND REHABILITATION**
Prvdr ID: **00142161A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.95%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.03	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2969	1.4173
Quarterly Medicaid CMI:	1.2975	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3234	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,605,355	$2,409,971	$0	$587,328	$237,226	$291,814	$918,136		$160,880	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($163,765)	($423)	$0	$0	$0	$0	($124,176)		($39,166)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$71,760		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$26,017
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,539,367	$2,409,548	$0	$587,328	$237,226	$291,814	$793,960	$71,760	$121,714	$26,017
8	Total Nursing Facility Days As Filed Days = 21,169	FY24 Audited C/R Days	20,958									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,169	FY24 GL-PL Ins Rpt Days								20,958		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$216.58	$114.97	$0.00	$28.02	$25.24	*(with L&H)*	$37.88	$3.42	$5.81	$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2969**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$88.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.65	$0.00	$28.02	$25.24		$37.88	$3.42	$5.81	$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.27	$88.65	$0.00	$28.02	$25.24		$37.88	$3.42	9.82 *(FRV)*	$1.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$194.27	$88.65	$0.00	$28.02	$25.24	$0.00	$37.88	$3.42	$9.82	$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3234**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$117.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$222.94	$117.32	$0.00	$28.02	$25.24	$0.00	$37.88	$3.42	$9.82	$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.87	$5.87								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.50	$6.40	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$247.44**	**$123.72**	**$0.00**	**$28.24**	**$25.65**	**$0.00**	**$55.35**	**$3.42**	**$9.82**	**$1.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$172.76**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **NURSE CARE OF BUCKHEAD**
Prvdr ID: **00142183A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.25%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.42	1.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3217	1.4173
Quarterly Medicaid CMI:	1.5043	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5344	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$17,863,579	$9,220,928	$0	$1,359,414	$574,273	$853,207	$3,381,654		$2,474,103	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($1,184,353)	($90,868)	$0	$0	$0	$0	($721,149)		($372,336)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$645,592		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$372,336
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$17,697,154	$9,130,060	$0	$1,359,414	$574,273	$853,207	$2,660,505	$645,592	$2,101,767	$372,336
8	Total Nursing Facility Days As Filed Days = 69,879	FY24 Audited C/R Days	69,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 69,879	FY24 GL-PL Ins Rpt Days								69,879		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$253.26	$130.66	$0.00	$19.45	$20.43	*(with L&H)*	$38.07	$9.24	$30.08	$5.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3217**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$98.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.86	$0.00	$19.45	$20.43		$38.07	$9.24	$30.08	$5.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.10	$98.86	$0.00	$19.45	$20.43		$38.07	$9.24	13.72 *(FRV)*	$5.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$205.10	$98.86	$0.00	$19.45	$20.43	$0.00	$38.07	$9.24	$13.72	$5.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5344**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$151.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$257.93	$151.69	$0.00	$19.45	$20.43	$0.00	$38.07	$9.24	$13.72	$5.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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 = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.52	$1.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.15	$2.05	$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	**$278.08**	**$153.74**	**$0.00**	**$19.67**	**$20.84**	**$0.00**	**$55.54**	**$9.24**	**$13.72**	**$5.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.74**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PINEWOOD HEALTH AND REHABILITATION**
Prvdr ID: **00142205A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.33%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.43	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1056	1.4173
Quarterly Medicaid CMI:	1.4143	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4426	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,019,587	$1,615,418	$0	$364,392	$228,576	$359,299	$908,190		$543,712	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($516,111)	$26,959	$0	$0	$0	$0	($468,817)		($74,253)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$89,306		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$74,253
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,667,035	$1,642,377	$0	$364,392	$228,576	$359,299	$439,373	$89,306	$469,459	$74,253
8	Total Nursing Facility Days As Filed Days = 23,151	FY24 Audited C/R Days	23,151									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,151	FY24 GL-PL Ins Rpt Days								23,151		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$158.40	$70.94	$0.00	$15.74	$25.39	*(with L&H)*	$18.98	$3.86	$20.28	$3.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1056**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$64.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$64.16	$0.00	$15.74	$25.39		$18.98	$3.86	$20.28	$3.21
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$141.38	$64.16	$0.00	$15.74	$25.39		$18.98	$3.86	10.04 *(FRV)*	$3.21
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$141.38	$64.16	$0.00	$15.74	$25.39	$0.00	$18.98	$3.86	$10.04	$3.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4426**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$92.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$169.78	$92.56	$0.00	$15.74	$25.39	$0.00	$18.98	$3.86	$10.04	$3.21
	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	$0.93	$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.85	$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.41	$3.31	$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	**$191.19**	**$95.87**	**$0.00**	**$15.96**	**$25.80**	**$0.00**	**$36.45**	**$3.86**	**$10.04**	**$3.21**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$130.57**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **OAKVIEW HEALTH AND REHABILITATION**
Prvdr ID: **00142238A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.23%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.43	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2670	1.4173
Quarterly Medicaid CMI:	1.3803	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4079	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,684,310	$5,566,872	$0	$1,109,409	$520,702	$593,339	$1,843,057		$1,050,931	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($371,061)	$0	$0	$0	$0	$0	($319,493)		($51,568)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$117,780		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$51,568
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,482,597	$5,566,872	$0	$1,109,409	$520,702	$593,339	$1,523,564	$117,780	$999,363	$51,568
8	Total Nursing Facility Days As Filed Days = 47,987	FY24 Audited C/R Days	47,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,987	FY24 GL-PL Ins Rpt Days								47,987		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$218.45	$116.01	$0.00	$23.12	$23.22	*(with L&H)*	$31.75	$2.45	$20.83	$1.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2670**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.56	$0.00	$23.12	$23.22		$31.75	$2.45	$20.83	$1.07
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$191.57	$91.56	$0.00	$23.12	$23.22		$31.75	$2.45	18.40 *(FRV)*	$1.07
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$191.57	$91.56	$0.00	$23.12	$23.22	$0.00	$31.75	$2.45	$18.40	$1.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4079**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$128.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$228.92	$128.91	$0.00	$23.12	$23.22	$0.00	$31.75	$2.45	$18.40	$1.07
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$1.29	$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.45	$6.45								
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	$26.37	$8.27	$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	**$255.29**	**$137.18**	**$0.00**	**$23.34**	**$23.63**	**$0.00**	**$49.22**	**$2.45**	**$18.40**	**$1.07**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$178.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **OAK VIEW HOME, INC**
Prvdr ID: **00142249A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.87%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.37	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2068	1.4173
Quarterly Medicaid CMI:	1.2426	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2675	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,335,174	$3,328,115	$0	$701,274	$318,936	$424,886	$1,199,355		$362,608	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($146,549)	$0	$0	$0	$0	($28,634)	($82,576)		($35,339)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$35,339
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,301,964	$3,328,115	$0	$701,274	$318,936	$396,252	$1,116,779	$78,000	$327,269	$35,339
8	Total Nursing Facility Days As Filed Days = 29,069	FY24 Audited C/R Days	29,069									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,069	FY24 GL-PL Ins Rpt Days								29,069		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$216.79	$114.49	$0.00	$24.12	$24.60	*(with L&H)*	$38.42	$2.68	$11.26	$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2068**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$94.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.87	$0.00	$24.12	$24.60		$38.42	$2.68	$11.26	$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$198.42	$94.87	$0.00	$24.12	$24.60		$38.42	$2.68	12.51 *(FRV)*	$1.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$198.42	$94.87	$0.00	$24.12	$24.60	$0.00	$38.42	$2.68	$12.51	$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2675**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$120.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$223.80	$120.25	$0.00	$24.12	$24.60	$0.00	$38.42	$2.68	$12.51	$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.01	$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.22	$7.22								
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	$28.86	$10.76	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$252.66**	**$131.01**	**$0.00**	**$24.34**	**$25.01**	**$0.00**	**$55.89**	**$2.68**	**$12.51**	**$1.22**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.67**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE OAKS NURSING HOME, INC**
Prvdr ID: **00142271A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	50.00%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.62	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4027	1.4173
Quarterly Medicaid CMI:	1.6584	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6916	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,449,852	$2,527,697	$0	$530,025	$268,795	$376,188	$703,886		$43,261	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($91,006)	($16,724)	$0	$0	$485	$678	($36,583)		($38,862)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$44,859		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$38,932
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,442,637	$2,510,973	$0	$530,025	$269,280	$376,866	$667,303	$44,859	$4,399	$38,932
8	Total Nursing Facility Days As Filed Days = 21,057	FY24 Audited C/R Days	21,057									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,057	FY24 GL-PL Ins Rpt Days								21,057		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$210.99	$119.25	$0.00	$25.17	$30.69	*(with L&H)*	$31.69	$2.13	$0.21	$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4027**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$85.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.01	$0.00	$25.17	$30.69		$31.69	$2.13	$0.21	$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.29	$85.01	$0.00	$25.17	$30.69		$31.69	$2.13	18.75 *(FRV)*	$1.85
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$195.29	$85.01	$0.00	$25.17	$30.69	$0.00	$31.69	$2.13	$18.75	$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6916**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.08	$143.80	$0.00	$25.17	$30.69	$0.00	$31.69	$2.13	$18.75	$1.85
	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	$7.91	$7.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.19	$7.19								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$33.73	$15.63	$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	**$287.81**	**$159.43**	**$0.00**	**$25.39**	**$31.10**	**$0.00**	**$49.16**	**$2.13**	**$18.75**	**$1.85**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.03**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - OLD CAPITOL**
Prvdr ID: **00142304A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.14%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.09	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3624	1.4173
Quarterly Medicaid CMI:	1.4218	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4502	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,837,470	$3,816,976	$0	$569,959	$319,152	$599,837	$1,264,019		$267,527	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($576,023)	($34,311)	$0	$0	$0	$0	($478,724)		($62,988)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$514,673		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$64,218
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,840,338	$3,782,665	$0	$569,959	$319,152	$599,837	$785,295	$514,673	$204,539	$64,218
8	Total Nursing Facility Days As Filed Days = 29,738	FY24 Audited C/R Days	29,738									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,738	FY24 GL-PL Ins Rpt Days								29,738		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.03	$127.20	$0.00	$19.17	$30.90	*(with L&H)*	$26.41	$17.31	$6.88	$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3624**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$93.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.36	$0.00	$19.17	$30.90		$26.41	$17.31	$6.88	$2.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$199.39	$93.36	$0.00	$19.17	$30.90		$26.41	$17.31	10.08 *(FRV)*	$2.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$199.39	$93.36	$0.00	$19.17	$30.90	$0.00	$26.41	$17.31	$10.08	$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4502**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$135.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$241.42	$135.39	$0.00	$19.17	$30.90	$0.00	$26.41	$17.31	$10.08	$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)	$1.53	$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	$3.38	$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.77	$6.77								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.78	$10.68	$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	**$270.20**	**$146.07**	**$0.00**	**$19.39**	**$31.31**	**$0.00**	**$43.88**	**$17.31**	**$10.08**	**$2.16**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.83**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - OCILLA**
Prvdr ID: **00142315A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.59%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.83	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5894	1.4173
Quarterly Medicaid CMI:	1.5230	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5534	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,200,305	$3,002,813	$0	$407,169	$266,864	$390,254	$891,108		$242,097	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($372,110)	($42,470)	$0	$0	($4,619)	($4,236)	($257,078)		($63,707)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$299,732		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$63,679
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,191,606	$2,960,343	$0	$407,169	$262,245	$386,018	$634,030	$299,732	$178,390	$63,679
8	Total Nursing Facility Days As Filed Days = 22,695	FY24 Audited C/R Days	22,695									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,695	FY24 GL-PL Ins Rpt Days								22,695		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.76	$130.44	$0.00	$17.94	$28.56	*(with L&H)*	$27.94	$13.21	$7.86	$2.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5894**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.07	$0.00	$17.94	$28.56		$27.94	$13.21	$7.86	$2.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$184.83	$82.07	$0.00	$17.94	$28.56		$27.94	$13.21	12.30 *(FRV)*	$2.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$184.83	$82.07	$0.00	$17.94	$28.56	$0.00	$27.94	$13.21	$12.30	$2.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5534**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$127.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.25	$127.49	$0.00	$17.94	$28.56	$0.00	$27.94	$13.21	$12.30	$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)	$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	$1.27	$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.37	$6.37								
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	$26.27	$8.17	$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	**$256.52**	**$135.66**	**$0.00**	**$18.16**	**$28.97**	**$0.00**	**$45.41**	**$13.21**	**$12.30**	**$2.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.57**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PALEMON GASKINS MEM NSG HOME**
Prvdr ID: **00142326A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	52.38%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	no data	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2848	1.4173
Quarterly Medicaid CMI:	1.3076	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3338	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$2,951,119	$1,409,415	$0	$314,228	$82,432	$224,071	$666,908		$254,065	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($364,799)	($303,866)	$0	($19,000)	$1,252	$3,403	($43,333)		($3,255)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$38,766		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$2,625,086	$1,105,549	$0	$295,228	$83,684	$227,474	$623,575	$38,766	$250,810	$0
8	Total Nursing Facility Days As Filed Days = 9,301	FY24 Audited C/R Days	9,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 9,301	FY24 GL-PL Ins Rpt Days								9,301		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$282.23	$118.86	$0.00	$31.74	$33.45	*(with L&H)*	$67.04	$4.17	$26.97	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2848**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$92.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.51	$0.00	$31.74	$33.45		$67.04	$4.17	$26.97	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$220.34	$92.51	$0.00	$31.74	$33.45		$39.61	$4.17	18.86 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$220.34	$92.51	$0.00	$31.74	$33.45	$0.00	$39.61	$4.17	$18.86	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3338**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$123.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.22	$123.39	$0.00	$31.74	$33.45	$0.00	$39.61	$4.17	$18.86	$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)	$1.16	$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	$6.79	$6.79								
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	$25.05	$7.32	$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	**$276.27**	**$130.71**	**$0.00**	**$31.96**	**$33.86**	**$0.00**	**$56.71**	**$4.17**	**$18.86**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$194.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - PALMYRA**
Prvdr ID: **00142337A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.50%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.55	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4651	1.4173
Quarterly Medicaid CMI:	1.5615	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5928	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$14,791,232	$8,180,804	$0	$1,274,411	$777,404	$1,099,513	$2,495,293		$963,807	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($951,507)	($141,380)	$0	$0	$1,914	$2,986	($733,684)		($81,343)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$902,118		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$81,389
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$14,823,232	$8,039,424	$0	$1,274,411	$779,318	$1,102,499	$1,761,609	$902,118	$882,464	$81,389
8	Total Nursing Facility Days As Filed Days = 71,931	FY24 Audited C/R Days	71,931									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,931	FY24 GL-PL Ins Rpt Days								71,931		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$206.08	$111.77	$0.00	$17.72	$26.16	*(with L&H)*	$24.49	$12.54	$12.27	$1.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4651**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$76.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.29	$0.00	$17.72	$26.16		$24.49	$12.54	$12.27	$1.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$170.28	$76.29	$0.00	$17.72	$26.16		$24.49	$12.54	11.95 *(FRV)*	$1.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$170.28	$76.29	$0.00	$17.72	$26.16	$0.00	$24.49	$12.54	$11.95	$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5928**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$121.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$215.50	$121.51	$0.00	$17.72	$26.16	$0.00	$24.49	$12.54	$11.95	$1.13
	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	$3.04	$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.08	$6.08								
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	$27.75	$9.65	$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	**$243.25**	**$131.16**	**$0.00**	**$17.94**	**$26.57**	**$0.00**	**$41.96**	**$12.54**	**$11.95**	**$1.13**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$169.61**									

MONTH: **7/1/2026**

FISCAL YEAR ENDING JUNE 30, 2024 **AUDITED** **2023 RSMeans FRV** **18.46**

Provider Name	Provider Number		RS-SNF	RS-ICF	SP-SERV	Dietary	Lnd-Hse	Opr-Mnt	Adm-Genrl		Prop Rel	
PARKWOOD DEV. CTR.	00142348A		10	10	10	8	6	6	6		2	
CERTIFIED BEDS	110		SNF	ICF			**COST**	**CENTERS**				
MEDICAID DAYS	35,380		0	35,863								
Descriptions	Total SNF	Total ICF	Routine Srvc SNF	Routine Srvc ICF	Special Services	Dietary	Laundry/ Housekpng	Operations/ Maintence	Admin/ General	A&G-GL-PL Insurance	Prop. Related	Tax/ Ins
REP HST COST		8,352,078	0	1,536,614	2,774,389	629,190	328,982	603,396	967,483	456,800	971,204	84,020
HIST COST ADJ												
1399		(2,774,389)			(2,774,389)							
1199		2,774,389		2,774,389								
1699		(603,396)						(603,396)				
1599		603,396					603,396					
1899		-										
1999		-										
1200		(17,670)	0	(17,670)								
1300		(16,970)		(16,970)	-							
1400		(1,468)				(1,468)						
1500		(161)					(161)					
1600		1,468			-		1,468	-				
1700		48,324							36,344	11,980		
1800		-									-	
1898		(18,582)									-	(18,582)
TOTAL HIST ADJ		(5,059)	0	2,739,749	(2,774,389)	(1,468)	604,703	(603,396)	36,344	11,980	-	(18,582)
NET HST COST		8,347,019	0	4,276,363	-	627,722	933,685	-	1,003,827	468,780	971,204	65,438
PROJ COST ADJ											-	
2800		-									-	
2000		-	0			-	-		-		-	
TOTAL PROJ ADJS		-	0	-	-	-	-		-		-	
TOTAL HST/PROJ		8,347,019	0	-	-	627,722	933,685		1,003,827	468,780	971,204	65,438
REP PAT DAYS		35,863	0	35,863		35,863	35,863		35,863	35,863	35,863	35,863
PAT DAY ADJS		-		-								
ADJ PAT DAYS		35,863		35,863	-	35,863	35,863		35,863	35,863	35,863	35,863
NET PER DIEM		205.65		119.24	-	17.50	26.03		27.99	13.07		1.82
STAND PER DIEM		222.29		119.24	-	17.50	26.03		27.99	13.07	18.46	
NURSING HOME PROVIDER FEE		17.10									(FRV)	
ALLOW PER DIEM		224.11		119.24	-	17.50	26.03		27.99	13.07	18.46	1.82
GTH 0.00%		-		-	-	-	-		-		-	-
INCEN PER DIEM		1.53		0.53	-	0.22	0.41		0.37			
TOTAL PER DIEM		**242.74**										
BED HOLD & LEAVE DAY PER DIEM		169.23										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BLUE RIDGE CARE CENTER LLC**
Prvdr ID: **00142359A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	54.13%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.76	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3089	1.4173
Quarterly Medicaid CMI:	1.4091	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4373	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$31,645,084	$11,338,863	$0	$4,518,369	$2,311,215	$3,253,344	$4,493,086		$5,730,207	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($123,843)	$0	$0	$0	$0	$0	($123,843)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$123,843		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$31,645,084	$11,338,863	$0	$4,518,369	$2,311,215	$3,253,344	$4,369,243	$123,843	$5,730,207	$0
8	Total Nursing Facility Days As Filed Days = 51,087	FY24 Audited C/R Days	51,087									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,087	FY24 GL-PL Ins Rpt Days								51,087		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$619.43	$221.95	$0.00	$88.44	$108.92	*(with L&H)*	$85.53	$2.42	$112.17	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3089**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$169.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$169.57	$0.00	$88.44	$108.92		$85.53	$2.42	$112.17	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$252.62	$121.00	$0.00	$41.20	$35.91		$39.61	$2.42	12.48 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$252.62	$121.00	$0.00	$41.20	$35.91	$0.00	$39.61	$2.42	$12.48	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4373**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$173.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$305.53	$173.91	$0.00	$41.20	$35.91	$0.00	$39.61	$2.42	$12.48	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$9.57	$9.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.22	$5.22								
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	$31.89	$14.79	$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	**$337.42**	**$188.70**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$56.71**	**$2.42**	**$12.48**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$240.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - THE LODGE, LLC**
Prvdr ID: **00142381A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.41%	1.0%
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:	1.4618	1.4173
Quarterly Medicaid CMI:	1.6488	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6818	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,872,181	$4,705,879	$0	$771,084	$438,360	$444,578	$1,416,572		$95,708	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($187,711)	($14,297)	$0	($6,663)	$10,526	$0	($177,277)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$183,048		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,867,518	$4,691,582	$0	$764,421	$448,886	$444,578	$1,239,295	$183,048	$95,708	$0
8	Total Nursing Facility Days As Filed Days = 28,777	FY24 Audited C/R Days	28,777									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,777	FY24 GL-PL Ins Rpt Days								28,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$273.40	$163.03	$0.00	$26.56	$31.05	*(with L&H)*	$43.07	$6.36	$3.33	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4618**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$111.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$111.53	$0.00	$26.56	$31.05		$43.07	$6.36	$3.33	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$255.09	$111.53	$0.00	$26.56	$31.05		$39.61	$6.36	39.98 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$255.09	$111.53	$0.00	$26.56	$31.05	$0.00	$39.61	$6.36	$39.98	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6818**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$187.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$331.13	$187.57	$0.00	$26.56	$31.05	$0.00	$39.61	$6.36	$39.98	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.88	$1.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.63	$5.63								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.77	$8.04	$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	**$356.90**	**$195.61**	**$0.00**	**$26.78**	**$31.46**	**$0.00**	**$56.71**	**$6.36**	**$39.98**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$254.85**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ARCHBOLD LIVING PELHAM**
Prvdr ID: **00142425A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.95%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2116	1.4173
Quarterly Medicaid CMI:	1.2651	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2904	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,713,111	$5,856,132	$0	$970,469	$739,395	$846,197	$1,761,342		$539,576	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($60,206)	$0	$0	($4,191)	$0	$4,191	($39,084)		($21,122)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$39,084		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$21,122
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,713,111	$5,856,132	$0	$966,278	$739,395	$850,388	$1,722,258	$39,084	$518,454	$21,122
8	Total Nursing Facility Days As Filed Days = 37,394	FY24 Audited C/R Days	37,396									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,394	FY24 GL-PL Ins Rpt Days								37,396		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$286.47	$156.60	$0.00	$25.84	$42.51	*(with L&H)*	$46.05	$1.05	$13.86	$0.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2116**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$129.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$129.25	$0.00	$25.84	$42.51		$46.05	$1.05	$13.86	$0.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$239.87	$121.00	$0.00	$25.84	$35.91		$39.61	$1.05	15.90 *(FRV)*	$0.56
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$239.87	$121.00	$0.00	$25.84	$35.91	$0.00	$39.61	$1.05	$15.90	$0.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2904**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$156.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$275.01	$156.14	$0.00	$25.84	$35.91	$0.00	$39.61	$1.05	$15.90	$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)	$0.22	$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	$1.56	$1.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.68	$4.68								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.56	$6.24	$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	**$298.57**	**$162.38**	**$0.00**	**$26.06**	**$35.91**	**$0.00**	**$56.71**	**$1.05**	**$15.90**	**$0.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$211.10**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - JASPER**
Prvdr ID: **00142436A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	52.94%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.76	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5172	1.4173
Quarterly Medicaid CMI:	1.5726	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.6041	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,286,232	$2,968,920	$0	$461,953	$346,295	$340,436	$887,157		$281,471	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($260,388)	($90,477)	$0	$0	($398)	($3,574)	($125,769)		($40,170)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$217,222		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$40,804
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,283,870	$2,878,443	$0	$461,953	$345,897	$336,862	$761,388	$217,222	$241,301	$40,804
8	Total Nursing Facility Days As Filed Days = 19,634	FY24 Audited C/R Days	19,634									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,634	FY24 GL-PL Ins Rpt Days								19,634		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$269.12	$146.61	$0.00	$23.53	$34.77	*(with L&H)*	$38.78	$11.06	$12.29	$2.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5172**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$96.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$96.63	$0.00	$23.53	$34.77		$38.78	$11.06	$12.29	$2.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$225.90	$96.63	$0.00	$23.53	$34.77		$38.78	$11.06	19.05 *(FRV)*	$2.08
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$225.90	$96.63	$0.00	$23.53	$34.77	$0.00	$38.78	$11.06	$19.05	$2.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6041**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$155.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$284.27	$155.00	$0.00	$23.53	$34.77	$0.00	$38.78	$11.06	$19.05	$2.08
	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	$8.53	$8.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.75	$7.75								
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	$34.91	$16.81	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$319.18**	**$171.81**	**$0.00**	**$23.75**	**$35.18**	**$0.00**	**$56.25**	**$11.06**	**$19.05**	**$2.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$226.56**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARBORVIEW PIERCE COUNTY**
Prvdr ID: **00142447A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.46%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.63	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7507	1.4173
Quarterly Medicaid CMI:	1.9759	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.0154	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,731,465	$3,771,955	$0	$697,892	$348,333	$420,193	$1,236,463		$1,256,629	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($268,979)	($149,056)	$0	$0	$0	($1,092)	($77,302)		($41,529)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$102,099		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$41,529
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,606,114	$3,622,899	$0	$697,892	$348,333	$419,101	$1,159,161	$102,099	$1,215,100	$41,529
8	Total Nursing Facility Days As Filed Days = 27,052	FY24 Audited C/R Days	27,052									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,052	FY24 GL-PL Ins Rpt Days								27,052		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$281.17	$133.92	$0.00	$25.80	$28.37	*(with L&H)*	$42.85	$3.77	$44.92	$1.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7507**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$76.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.50	$0.00	$25.80	$28.37		$42.85	$3.77	$44.92	$1.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.52	$76.50	$0.00	$25.80	$28.37		$39.61	$3.77	19.93 *(FRV)*	$1.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$195.52	$76.50	$0.00	$25.80	$28.37	$0.00	$39.61	$3.77	$19.93	$1.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.0154**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$154.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$273.20	$154.18	$0.00	$25.80	$28.37	$0.00	$39.61	$3.77	$19.93	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.85	$3.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.71	$7.71								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.82	$12.09	$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	**$303.02**	**$166.27**	**$0.00**	**$26.02**	**$28.78**	**$0.00**	**$56.71**	**$3.77**	**$19.93**	**$1.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$214.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PINE KNOLL PATH OF JOURNEY LLC**
Prvdr ID: **00142458A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.87%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.21	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4737	1.4173
Quarterly Medicaid CMI:	1.5559	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5870	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,900,273	$5,497,760	$0	$830,886	$387,954	$395,573	$1,431,921		$1,356,179	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($93,618)	($133,034)	$0	$0	$0	($375)	$93,292		($53,501)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$27,996		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$53,501
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,888,152	$5,364,726	$0	$830,886	$387,954	$395,198	$1,525,213	$27,996	$1,302,678	$53,501
8	Total Nursing Facility Days As Filed Days = 40,716	FY24 Audited C/R Days	40,716									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,716	FY24 GL-PL Ins Rpt Days								40,716		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$242.85	$131.76	$0.00	$20.41	$19.23	*(with L&H)*	$37.46	$0.69	$31.99	$1.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4737**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$89.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.41	$0.00	$20.41	$19.23		$37.46	$0.69	$31.99	$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.65	$89.41	$0.00	$20.41	$19.23		$37.46	$0.69	10.14 *(FRV)*	$1.31
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$178.65	$89.41	$0.00	$20.41	$19.23	$0.00	$37.46	$0.69	$10.14	$1.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5870**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$141.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.13	$141.89	$0.00	$20.41	$19.23	$0.00	$37.46	$0.69	$10.14	$1.31
	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	$4.26	$4.26								
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	$22.89	$4.79	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$254.02**	**$146.68**	**$0.00**	**$20.63**	**$19.64**	**$0.00**	**$54.93**	**$0.69**	**$10.14**	**$1.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.69**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CROSSVIEW CARE CENTER**
Prvdr ID: **00142502A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.74%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.67	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1422	1.4173
Quarterly Medicaid CMI:	1.2269	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2514	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,562,599	$2,964,060	$0	$445,557	$223,042	$295,241	$824,228		$810,471	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($271,523)	($63,321)	$0	($6,547)	($173)	($283)	($163,016)		($38,183)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$68,775		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$38,173
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,398,024	$2,900,739	$0	$439,010	$222,869	$294,958	$661,212	$68,775	$772,288	$38,173
8	Total Nursing Facility Days As Filed Days = 24,923	FY24 Audited C/R Days	24,941									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,923	FY24 GL-PL Ins Rpt Days								24,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$216.42	$116.30	$0.00	$17.60	$20.76	*(with L&H)*	$26.51	$2.76	$30.96	$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1422**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$101.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.82	$0.00	$17.60	$20.76		$26.51	$2.76	$30.96	$1.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$181.35	$101.82	$0.00	$17.60	$20.76		$26.51	$2.76	10.37 *(FRV)*	$1.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$181.35	$101.82	$0.00	$17.60	$20.76	$0.00	$26.51	$2.76	$10.37	$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2514**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$127.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$206.95	$127.42	$0.00	$17.60	$20.76	$0.00	$26.51	$2.76	$10.37	$1.53
	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	$3.19	$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.82	$3.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.64	$7.54	$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	**$232.59**	**$134.96**	**$0.00**	**$17.82**	**$21.17**	**$0.00**	**$43.98**	**$2.76**	**$10.37**	**$1.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$161.62**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR**
Prvdr ID: **00142513A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	50.00%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.28	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3439	1.4173
Quarterly Medicaid CMI:	1.1948	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2187	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,410,596	$2,221,295	$0	$755,048	$303,406	$367,320	$1,262,521		$501,006	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($85,474)	$91,197	$0	$0	$0	$0	($144,947)		($31,724)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$53,750		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$31,724
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,410,596	$2,312,492	$0	$755,048	$303,406	$367,320	$1,117,574	$53,750	$469,282	$31,724
8	Total Nursing Facility Days As Filed Days = 20,563	FY24 Audited C/R Days	20,563									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,563	FY24 GL-PL Ins Rpt Days								20,563		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$263.12	$112.46	$0.00	$36.72	$32.62	*(with L&H)*	$54.35	$2.61	$22.82	$1.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3439**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$83.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.68	$0.00	$36.72	$32.62		$54.35	$2.61	$22.82	$1.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.80	$83.68	$0.00	$36.72	$32.62		$39.61	$2.61	12.02 *(FRV)*	$1.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$208.80	$83.68	$0.00	$36.72	$32.62	$0.00	$39.61	$2.61	$12.02	$1.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2187**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.10	$101.98	$0.00	$36.72	$32.62	$0.00	$39.61	$2.61	$12.02	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.61	$5.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.06	$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.93	$9.20	$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	**$254.03**	**$111.18**	**$0.00**	**$36.94**	**$33.03**	**$0.00**	**$56.71**	**$2.61**	**$12.02**	**$1.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.70**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **LILLIAN CARTER HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00142524A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	50.00%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.60	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4410	1.4173
Quarterly Medicaid CMI:	2.1267	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.1692	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,580,039	$2,457,925	$0	$573,962	$298,038	$334,740	$746,256		$169,118	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($344,305)	($30,722)	$0	($941)	$0	($1,375)	($267,837)		($43,430)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$87,725		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$21,691
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,345,150	$2,427,203	$0	$573,021	$298,038	$333,365	$478,419	$87,725	$125,688	$21,691
8	Total Nursing Facility Days As Filed Days = 19,116	FY24 Audited C/R Days	19,113									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,116	FY24 GL-PL Ins Rpt Days								19,113		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$227.34	$126.99	$0.00	$29.98	$33.04	*(with L&H)*	$25.03	$4.59	$6.58	$1.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4410**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$88.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.13	$0.00	$29.98	$33.04		$25.03	$4.59	$6.58	$1.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.95	$88.13	$0.00	$29.98	$33.04		$25.03	$4.59	13.05 *(FRV)*	$1.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$194.95	$88.13	$0.00	$29.98	$33.04	$0.00	$25.03	$4.59	$13.05	$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.1692**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$191.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$297.99	$191.17	$0.00	$29.98	$33.04	$0.00	$25.03	$4.59	$13.05	$1.13
	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	$10.51	$10.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.65	$7.65								
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	$36.79	$18.69	$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	**$334.78**	**$209.86**	**$0.00**	**$30.20**	**$33.45**	**$0.00**	**$42.50**	**$4.59**	**$13.05**	**$1.13**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$238.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE PLACE AT MARTINEZ**
Prvdr ID: **00142535A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.83%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.25	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2863	1.4173
Quarterly Medicaid CMI:	1.3143	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3406	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,909,108	$3,748,178	$0	$726,689	$387,785	$301,813	$1,277,958		$466,685	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($467,545)	($11,597)	$0	$0	$0	$0	($361,790)		($94,158)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$363,029		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$94,158
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,898,750	$3,736,581	$0	$726,689	$387,785	$301,813	$916,168	$363,029	$372,527	$94,158
8	Total Nursing Facility Days As Filed Days = 28,765	FY24 Audited C/R Days	28,765									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,765	FY24 GL-PL Ins Rpt Days								28,765		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$239.82	$129.90	$0.00	$25.26	$23.97	*(with L&H)*	$31.85	$12.62	$12.95	$3.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2863**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$100.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.99	$0.00	$25.26	$23.97		$31.85	$12.62	$12.95	$3.27
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$211.58	$100.99	$0.00	$25.26	$23.97		$31.85	$12.62	13.62 *(FRV)*	$3.27
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$211.58	$100.99	$0.00	$25.26	$23.97	$0.00	$31.85	$12.62	$13.62	$3.27
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		$135.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$245.98	$135.39	$0.00	$25.26	$23.97	$0.00	$31.85	$12.62	$13.62	$3.27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$7.45	$7.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.06	$4.06								
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	$30.14	$12.04	$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	**$276.12**	**$147.43**	**$0.00**	**$25.48**	**$24.38**	**$0.00**	**$49.32**	**$12.62**	**$13.62**	**$3.27**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$194.27**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PLEASANT VIEW NURSING CENTER**
Prvdr ID: **00142546A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.06%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.04	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1341	1.4173
Quarterly Medicaid CMI:	1.5580	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5892	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,242,090	$3,225,309	$0	$552,958	$367,855	$287,728	$1,179,404		$628,836	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($317,889)	($49,056)	$0	($1,968)	$0	$3,158	($220,678)		($49,345)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$86,700		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$49,345
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,060,246	$3,176,253	$0	$550,990	$367,855	$290,886	$958,726	$86,700	$579,491	$49,345
8	Total Nursing Facility Days As Filed Days = 36,373	FY24 Audited C/R Days	36,373									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,373	FY24 GL-PL Ins Rpt Days								36,373		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$166.61	$87.32	$0.00	$15.15	$18.11	*(with L&H)*	$26.36	$2.38	$15.93	$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1341**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$77.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.00	$0.00	$15.15	$18.11		$26.36	$2.38	$15.93	$1.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$152.46	$77.00	$0.00	$15.15	$18.11		$26.36	$2.38	12.10 *(FRV)*	$1.36
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$152.46	$77.00	$0.00	$15.15	$18.11	$0.00	$26.36	$2.38	$12.10	$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5892**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$122.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$197.83	$122.37	$0.00	$15.15	$18.11	$0.00	$26.36	$2.38	$12.10	$1.36
	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	$1.22	$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.67	$3.67								
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	$23.52	$5.42	$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	**$221.35**	**$127.79**	**$0.00**	**$15.37**	**$18.52**	**$0.00**	**$43.83**	**$2.38**	**$12.10**	**$1.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$153.19**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CEDAR VALLEY NSG & REHAB CTR**
Prvdr ID: **00142557A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	12.24%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3394	1.4173
Quarterly Medicaid CMI:	1.4614	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4907	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,041,752	$3,689,832	$0	$598,605	$260,683	$336,747	$1,028,083		$1,127,802	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($84,977)	($169,113)	$0	$0	$0	$0	$131,405		($47,269)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$29,327		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$47,269
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,033,371	$3,520,719	$0	$598,605	$260,683	$336,747	$1,159,488	$29,327	$1,080,533	$47,269
8	Total Nursing Facility Days As Filed Days = 27,555	FY24 Audited C/R Days	27,555									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,555	FY24 GL-PL Ins Rpt Days								27,555		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$255.24	$127.77	$0.00	$21.72	$21.68	*(with L&H)*	$42.08	$1.06	$39.21	$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3394**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$95.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.39	$0.00	$21.72	$21.68		$42.08	$1.06	$39.21	$1.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$193.19	$95.39	$0.00	$21.72	$21.68		$39.61	$1.06	12.01 *(FRV)*	$1.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$193.19	$95.39	$0.00	$21.72	$21.68	$0.00	$39.61	$1.06	$12.01	$1.72
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		$142.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.00	$142.20	$0.00	$21.72	$21.68	$0.00	$39.61	$1.06	$12.01	$1.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$4.27	$4.27								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.53	$4.80	$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	**$262.53**	**$147.00**	**$0.00**	**$21.94**	**$22.09**	**$0.00**	**$56.71**	**$1.06**	**$12.01**	**$1.72**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.07**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE HOSPITAL AUTHORITY OF BROOKS COUNTY, GEORGIA**
Prvdr ID: **00142579A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.95%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.90	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4158	1.4173
Quarterly Medicaid CMI:	1.3113	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3375	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$14,544,748	$7,262,479	$0	$2,115,925	$922,673	$893,397	$2,478,426		$871,848	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($138,432)	($6,320)	$0	$0	($11,709)	($11,339)	($68,128)		($40,936)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$132,133		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$40,416
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$14,578,865	$7,256,159	$0	$2,115,925	$910,964	$882,058	$2,410,298	$132,133	$830,912	$40,416
8	Total Nursing Facility Days As Filed Days = 52,403	FY24 Audited C/R Days	52,403									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,403	FY24 GL-PL Ins Rpt Days								52,403		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$278.22	$138.47	$0.00	$40.38	$34.22	*(with L&H)*	$46.00	$2.52	$15.86	$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4158**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.80	$0.00	$40.38	$34.22		$46.00	$2.52	$15.86	$0.77
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$229.86	$97.80	$0.00	$31.73	$34.22		$39.61	$2.52	23.21 *(FRV)*	$0.77
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$229.86	$97.80	$0.00	$31.73	$34.22	$0.00	$39.61	$2.52	$23.21	$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3375**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$130.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$262.87	$130.81	$0.00	$31.73	$34.22	$0.00	$39.61	$2.52	$23.21	$0.77
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.94	$0.53	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.27	$3.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.92	$3.92								
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	$8.13	$7.72	$0.00	$0.00	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$271.00**	**$138.53**	**$0.00**	**$31.73**	**$34.63**	**$0.00**	**$39.61**	**$2.52**	**$23.21**	**$0.77**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.25**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BRYANT HEALTH AND REHABILITATION CENTER**
Prvdr ID: **00142601A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.27%	1.0%
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:	1.3585	1.4173
Quarterly Medicaid CMI:	1.4268	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4554	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,246,237	$2,060,275	$0	$365,982	$204,096	$222,154	$657,982		$735,748	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($121,857)	($33,546)	$0	($164)	$0	$1,714	($49,997)		($39,864)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$53,880		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$39,864
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,218,124	$2,026,729	$0	$365,818	$204,096	$223,868	$607,985	$53,880	$695,884	$39,864
8	Total Nursing Facility Days As Filed Days = 20,927	FY24 Audited C/R Days	20,927									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,927	FY24 GL-PL Ins Rpt Days								20,927		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$201.55	$96.85	$0.00	$17.48	$20.45	*(with L&H)*	$29.05	$2.57	$33.25	$1.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3585**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$71.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.29	$0.00	$17.48	$20.45		$29.05	$2.57	$33.25	$1.90
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$154.42	$71.29	$0.00	$17.48	$20.45		$29.05	$2.57	11.68 *(FRV)*	$1.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$154.42	$71.29	$0.00	$17.48	$20.45	$0.00	$29.05	$2.57	$11.68	$1.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4554**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$103.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$186.89	$103.76	$0.00	$17.48	$20.45	$0.00	$29.05	$2.57	$11.68	$1.90
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.04	$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.11	$3.11								
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	$22.78	$4.68	$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	**$209.67**	**$108.44**	**$0.00**	**$17.70**	**$20.86**	**$0.00**	**$46.52**	**$2.57**	**$11.68**	**$1.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$144.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PROVIDENCE HEALTHCARE**
Prvdr ID: **00142612A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.61%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.66	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4493	1.4173
Quarterly Medicaid CMI:	1.4576	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4868	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,634,694	$2,716,827	$0	$430,055	$293,546	$328,869	$961,076		$904,321	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($313,224)	($46,458)	$0	($1,430)	$0	$4,065	($238,644)		($30,757)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$67,380		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$30,757
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,419,607	$2,670,369	$0	$428,625	$293,546	$332,934	$722,432	$67,380	$873,564	$30,757
8	Total Nursing Facility Days As Filed Days = 25,281	FY24 Audited C/R Days	25,281									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,281	FY24 GL-PL Ins Rpt Days								25,281		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$214.38	$105.63	$0.00	$16.95	$24.78	*(with L&H)*	$28.58	$2.67	$34.55	$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4493**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$72.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.88	$0.00	$16.95	$24.78		$28.58	$2.67	$34.55	$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$157.65	$72.88	$0.00	$16.95	$24.78		$28.58	$2.67	10.57 *(FRV)*	$1.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$157.65	$72.88	$0.00	$16.95	$24.78	$0.00	$28.58	$2.67	$10.57	$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4868**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$108.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$193.13	$108.36	$0.00	$16.95	$24.78	$0.00	$28.58	$2.67	$10.57	$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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	$3.25	$3.25								
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	$21.88	$3.78	$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	**$215.01**	**$112.14**	**$0.00**	**$17.17**	**$25.19**	**$0.00**	**$46.05**	**$2.67**	**$10.57**	**$1.22**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$148.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE WOODS AT SPARTA OF JOURNEY LLC**
Prvdr ID: **00142623A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	7.69%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	8.93	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3775	1.4173
Quarterly Medicaid CMI:	1.5218	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5522	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,740,891	$1,770,161	$0	$412,026	$175,435	$212,554	$933,896		$236,819	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($151,267)	($27,683)	$0	$0	$0	$0	($93,737)		($29,847)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$118,195		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$29,847
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,737,666	$1,742,478	$0	$412,026	$175,435	$212,554	$840,159	$118,195	$206,972	$29,847
8	Total Nursing Facility Days As Filed Days = 16,895	FY24 Audited C/R Days	16,895									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,895	FY24 GL-PL Ins Rpt Days								16,895		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$221.24	$103.14	$0.00	$24.39	$22.96	*(with L&H)*	$49.73	$7.00	$12.25	$1.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3775**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$74.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$74.87	$0.00	$24.39	$22.96		$49.73	$7.00	$12.25	$1.77
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.42	$74.87	$0.00	$24.39	$22.96		$39.61	$7.00	11.82 *(FRV)*	$1.77
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$182.42	$74.87	$0.00	$24.39	$22.96	$0.00	$39.61	$7.00	$11.82	$1.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5522**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$116.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$223.76	$116.21	$0.00	$24.39	$22.96	$0.00	$39.61	$7.00	$11.82	$1.77
	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	$2.32	$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.58	$2.85	$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	**$244.34**	**$119.06**	**$0.00**	**$24.61**	**$23.37**	**$0.00**	**$56.71**	**$7.00**	**$11.82**	**$1.77**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$170.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GREENE POINT HEALTH AND REHABILITATION**
Prvdr ID: **00142634A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.18%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.31	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2579	1.4173
Quarterly Medicaid CMI:	1.3207	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3471	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,951,312	$2,072,381	$0	$497,708	$219,839	$251,055	$773,004		$137,325	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($72,309)	$0	$0	$0	$0	$0	($55,255)		($17,054)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$39,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$17,054
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,935,057	$2,072,381	$0	$497,708	$219,839	$251,055	$717,749	$39,000	$120,271	$17,054
8	Total Nursing Facility Days As Filed Days = 16,032	FY24 Audited C/R Days	16,032									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,032	FY24 GL-PL Ins Rpt Days								16,032		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$245.44	$129.27	$0.00	$31.04	$29.37	*(with L&H)*	$44.77	$2.43	$7.50	$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2579**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$102.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$102.77	$0.00	$31.04	$29.37		$44.77	$2.43	$7.50	$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$218.67	$102.77	$0.00	$31.04	$29.37		$39.61	$2.43	12.39 *(FRV)*	$1.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$218.67	$102.77	$0.00	$31.04	$29.37	$0.00	$39.61	$2.43	$12.39	$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3471**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$138.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.34	$138.44	$0.00	$31.04	$29.37	$0.00	$39.61	$2.43	$12.39	$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)	$1.16	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.92	$6.92								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.18	$7.45	$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	**$279.52**	**$145.89**	**$0.00**	**$31.26**	**$29.78**	**$0.00**	**$56.71**	**$2.43**	**$12.39**	**$1.06**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$196.82**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WARRENTON WOODS OF JOURNEY LLC**
Prvdr ID: **00142645A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.95%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.97	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3178	1.4173
Quarterly Medicaid CMI:	1.5763	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6078	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,313,609	$2,018,445	$0	$434,047	$258,754	$286,598	$1,005,096		$310,669	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($229,420)	($47,403)	$0	$0	$0	$0	($135,716)		($46,301)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$183,119		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$46,301
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,313,609	$1,971,042	$0	$434,047	$258,754	$286,598	$869,380	$183,119	$264,368	$46,301
8	Total Nursing Facility Days As Filed Days = 17,945	FY24 Audited C/R Days	17,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,945	FY24 GL-PL Ins Rpt Days								17,945		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$240.38	$109.84	$0.00	$24.19	$30.39	*(with L&H)*	$48.45	$10.20	$14.73	$2.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3178**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$83.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.35	$0.00	$24.19	$30.39		$48.45	$10.20	$14.73	$2.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.98	$83.35	$0.00	$24.19	$30.39		$39.61	$10.20	10.66 *(FRV)*	$2.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$200.98	$83.35	$0.00	$24.19	$30.39	$0.00	$39.61	$10.20	$10.66	$2.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6078**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$134.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.64	$134.01	$0.00	$24.19	$30.39	$0.00	$39.61	$10.20	$10.66	$2.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.34	$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.02	$4.02								
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	$23.62	$5.89	$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	**$275.26**	**$139.90**	**$0.00**	**$24.41**	**$30.80**	**$0.00**	**$56.71**	**$10.20**	**$10.66**	**$2.58**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.62**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ORCHARD HEALTH AND REHABILITATION**
Prvdr ID: **00142656A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.40%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.82	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2237	1.4173
Quarterly Medicaid CMI:	1.3519	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3790	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,803,650	$3,244,080	$0	$655,786	$296,289	$296,970	$1,090,930		$219,595	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($118,713)	$0	$0	$0	$0	$0	($86,627)		($32,086)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$86,627		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$32,086
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,803,650	$3,244,080	$0	$655,786	$296,289	$296,970	$1,004,303	$86,627	$187,509	$32,086
8	Total Nursing Facility Days As Filed Days = 26,708	FY24 Audited C/R Days	26,708									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,708	FY24 GL-PL Ins Rpt Days								26,708		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$217.28	$121.46	$0.00	$24.55	$22.21	*(with L&H)*	$37.60	$3.24	$7.02	$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2237**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$99.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.26	$0.00	$24.55	$22.21		$37.60	$3.24	$7.02	$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$199.25	$99.26	$0.00	$24.55	$22.21		$37.60	$3.24	11.19 *(FRV)*	$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$199.25	$99.26	$0.00	$24.55	$22.21	$0.00	$37.60	$3.24	$11.19	$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3790**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$136.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$236.87	$136.88	$0.00	$24.55	$22.21	$0.00	$37.60	$3.24	$11.19	$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$1.37	$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.84	$6.84								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.84	$8.74	$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	**$263.71**	**$145.62**	**$0.00**	**$24.77**	**$22.62**	**$0.00**	**$55.07**	**$3.24**	**$11.19**	**$1.20**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.96**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB**
Prvdr ID: **00142678A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.83%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.63	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3420	1.4173
Quarterly Medicaid CMI:	1.4924	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5222	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,373,875	$2,813,540	$0	$646,279	$286,800	$265,823	$1,013,728		$347,705	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($79,403)	$0	$0	$0	$0	$0	($46,800)		($32,603)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$46,800		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$32,603
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,373,875	$2,813,540	$0	$646,279	$286,800	$265,823	$966,928	$46,800	$315,102	$32,603
8	Total Nursing Facility Days As Filed Days = 21,696	FY24 Audited C/R Days	21,696									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,696	FY24 GL-PL Ins Rpt Days								21,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.69	$129.68	$0.00	$29.79	$25.47	*(with L&H)*	$44.57	$2.16	$14.52	$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3420**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$96.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$96.63	$0.00	$29.79	$25.47		$44.57	$2.16	$14.52	$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$207.69	$96.63	$0.00	$29.79	$25.47		$39.61	$2.16	12.53 *(FRV)*	$1.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$207.69	$96.63	$0.00	$29.79	$25.47	$0.00	$39.61	$2.16	$12.53	$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5222**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$147.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$258.15	$147.09	$0.00	$29.79	$25.47	$0.00	$39.61	$2.16	$12.53	$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	$8.09	$8.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.35	$7.35								
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	$33.70	$15.97	$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	**$291.85**	**$163.06**	**$0.00**	**$30.01**	**$25.88**	**$0.00**	**$56.71**	**$2.16**	**$12.53**	**$1.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.06**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **JESUP RIDGE OF JOURNEY LLC**
Prvdr ID: **00142689A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.67%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.8030	1.4173
Quarterly Medicaid CMI:	1.5920	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6238	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,461,691	$2,157,696	$0	$416,106	$228,304	$217,674	$1,022,594		$419,317	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($72,580)	($5,571)	$0	($12,461)	$884	$740	($36,223)		($19,949)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$35,512		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$20,025
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,444,648	$2,152,125	$0	$403,645	$229,188	$218,414	$986,371	$35,512	$399,368	$20,025
8	Total Nursing Facility Days As Filed Days = 20,699	FY24 Audited C/R Days	20,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,699	FY24 GL-PL Ins Rpt Days								20,699		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$214.72	$103.97	$0.00	$19.50	$21.62	*(with L&H)*	$47.65	$1.72	$19.29	$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.8030**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$57.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$57.66	$0.00	$19.50	$21.62		$47.65	$1.72	$19.29	$0.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$150.68	$57.66	$0.00	$19.50	$21.62		$39.61	$1.72	9.60 *(FRV)*	$0.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$150.68	$57.66	$0.00	$19.50	$21.62	$0.00	$39.61	$1.72	$9.60	$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6238**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$93.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$186.65	$93.63	$0.00	$19.50	$21.62	$0.00	$39.61	$1.72	$9.60	$0.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.34	$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.81	$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.41	$5.68	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$210.06**	**$99.31**	**$0.00**	**$19.72**	**$22.03**	**$0.00**	**$56.71**	**$1.72**	**$9.60**	**$0.97**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$144.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **COLQUITT REGIONAL SENIOR CARE & REHABILITATION**
Prvdr ID: **00142711A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.22%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.83	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3535	1.4173
Quarterly Medicaid CMI:	1.3335	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3602	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,001,999	$3,749,510	$0	$711,119	$238,721	$754,821	$1,976,560		$1,571,268	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($46,147)	$0	$0	$0	$1,516	$4,791	($34,337)		($18,117)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$34,337		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$18,232
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,008,421	$3,749,510	$0	$711,119	$240,237	$759,612	$1,942,223	$34,337	$1,553,151	$18,232
8	Total Nursing Facility Days As Filed Days = 17,978	FY24 Audited C/R Days	17,978									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,978	FY24 GL-PL Ins Rpt Days								17,978		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$501.07	$208.56	$0.00	$39.55	$55.62	*(with L&H)*	$108.03	$1.91	$86.39	$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3535**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$154.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$154.09	$0.00	$39.55	$55.62		$108.03	$1.91	$86.39	$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$260.44	$121.00	$0.00	$39.55	$35.91		$39.61	$1.91	21.45 *(FRV)*	$1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$260.44	$121.00	$0.00	$39.55	$35.91	$0.00	$39.61	$1.91	$21.45	$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3602**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$164.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$304.02	$164.58	$0.00	$39.55	$35.91	$0.00	$39.61	$1.91	$21.45	$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)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.94	$4.94								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.26	$4.94	$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	**$326.28**	**$169.52**	**$0.00**	**$39.77**	**$35.91**	**$0.00**	**$56.71**	**$1.91**	**$21.45**	**$1.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$231.89**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BUCHANAN HEALTHCARE CENTER**
Prvdr ID: **00142722A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	11.76%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.45	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3826	1.4173
Quarterly Medicaid CMI:	1.2318	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2564	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,587,542	$2,155,096	$0	$381,948	$146,298	$209,992	$1,255,038		$439,170	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($156,708)	($34,062)	$0	$1,500	$0	($320)	($74,238)		($49,588)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$107,120		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$49,588
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,587,542	$2,121,034	$0	$383,448	$146,298	$209,672	$1,180,800	$107,120	$389,582	$49,588
8	Total Nursing Facility Days As Filed Days = 18,115	FY24 Audited C/R Days	18,115									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,115	FY24 GL-PL Ins Rpt Days								18,115		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$253.25	$117.09	$0.00	$21.17	$19.65	*(with L&H)*	$65.18	$5.91	$21.51	$2.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3826**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$84.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.69	$0.00	$21.17	$19.65		$65.18	$5.91	$21.51	$2.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$188.04	$84.69	$0.00	$21.17	$19.65		$39.61	$5.91	14.27 *(FRV)*	$2.74
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$188.04	$84.69	$0.00	$21.17	$19.65	$0.00	$39.61	$5.91	$14.27	$2.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2564**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$106.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$209.75	$106.40	$0.00	$21.17	$19.65	$0.00	$39.61	$5.91	$14.27	$2.74
	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	$3.19	$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.45	$3.72	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$231.20**	**$110.12**	**$0.00**	**$21.39**	**$20.06**	**$0.00**	**$56.71**	**$5.91**	**$14.27**	**$2.74**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$160.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE RETREAT**
Prvdr ID: **00142733A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.32%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.25	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2596	1.4173
Quarterly Medicaid CMI:	1.2211	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2455	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,145,328	$2,570,818	$0	$972,455	$267,341	$344,843	$735,561		$254,310	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($72,760)	$14,919	$0	$0	$0	$467	($32,161)		($55,985)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$16,775		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$55,985
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,145,328	$2,585,737	$0	$972,455	$267,341	$345,310	$703,400	$16,775	$198,325	$55,985
8	Total Nursing Facility Days As Filed Days = 16,211	FY24 Audited C/R Days	16,211									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,211	FY24 GL-PL Ins Rpt Days								16,211		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$317.39	$159.51	$0.00	$59.99	$37.79	*(with L&H)*	$43.39	$1.03	$12.23	$3.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2596**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$126.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$126.64	$0.00	$59.99	$37.79		$43.39	$1.03	$12.23	$3.45
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$254.73	$121.00	$0.00	$41.20	$35.91		$39.61	$1.03	12.53 *(FRV)*	$3.45
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$254.73	$121.00	$0.00	$41.20	$35.91	$0.00	$39.61	$1.03	$12.53	$3.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2455**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$150.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$284.44	$150.71	$0.00	$41.20	$35.91	$0.00	$39.61	$1.03	$12.53	$3.45
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.51	$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.52	$4.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.13	$6.03	$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	**$307.57**	**$156.74**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$56.71**	**$1.03**	**$12.53**	**$3.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$217.85**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RIDGEWOOD MANOR HEALTH AND REHABILITATION**
Prvdr ID: **00142744A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.98%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	6.39	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3870	1.4173
Quarterly Medicaid CMI:	1.2370	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2618	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,747,082	$4,078,543	$0	$749,236	$546,577	$351,308	$1,585,464		$435,954	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($178,059)	$0	$0	$0	($8,569)	($5,507)	($144,274)		($19,709)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$144,274		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$19,401
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,732,698	$4,078,543	$0	$749,236	$538,008	$345,801	$1,441,190	$144,274	$416,245	$19,401
8	Total Nursing Facility Days As Filed Days = 29,673	FY24 Audited C/R Days	29,673									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,673	FY24 GL-PL Ins Rpt Days								29,673		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$260.59	$137.45	$0.00	$25.25	$29.78	*(with L&H)*	$48.57	$4.86	$14.03	$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3870**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$99.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.10	$0.00	$25.25	$29.78		$48.57	$4.86	$14.03	$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.98	$99.10	$0.00	$25.25	$29.78		$39.61	$4.86	11.73 *(FRV)*	$0.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$210.98	$99.10	$0.00	$25.25	$29.78	$0.00	$39.61	$4.86	$11.73	$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2618**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$125.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$236.92	$125.04	$0.00	$25.25	$29.78	$0.00	$39.61	$4.86	$11.73	$0.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.13	$3.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.75	$3.75								
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	$25.14	$7.41	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$262.06**	**$132.45**	**$0.00**	**$25.47**	**$30.19**	**$0.00**	**$56.71**	**$4.86**	**$11.73**	**$0.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$183.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARBORVIEW SATILLA**
Prvdr ID: **00142755A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.37%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.68	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6508	1.4173
Quarterly Medicaid CMI:	1.9133	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.9516	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,365,576	$3,560,212	$0	$661,677	$394,342	$298,682	$1,141,357		$1,309,306	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($391,994)	($143,358)	$0	$0	$0	($369)	($170,427)		($77,840)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$125,661		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$77,840
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,177,083	$3,416,854	$0	$661,677	$394,342	$298,313	$970,930	$125,661	$1,231,466	$77,840
8	Total Nursing Facility Days As Filed Days = 32,423	FY24 Audited C/R Days	32,423									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,423	FY24 GL-PL Ins Rpt Days								32,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$221.36	$105.38	$0.00	$20.41	$21.36	*(with L&H)*	$29.95	$3.88	$37.98	$2.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6508**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$63.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$63.84	$0.00	$20.41	$21.36		$29.95	$3.88	$37.98	$2.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$157.40	$63.84	$0.00	$20.41	$21.36		$29.95	$3.88	15.56 *(FRV)*	$2.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$157.40	$63.84	$0.00	$20.41	$21.36	$0.00	$29.95	$3.88	$15.56	$2.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9516**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$124.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$218.15	$124.59	$0.00	$20.41	$21.36	$0.00	$29.95	$3.88	$15.56	$2.40
	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	$3.11	$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.23	$6.23								
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	$27.97	$9.87	$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	**$246.12**	**$134.46**	**$0.00**	**$20.63**	**$21.77**	**$0.00**	**$47.42**	**$3.88**	**$15.56**	**$2.40**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$171.77**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ETOWAH LANDING**
Prvdr ID: **00142766A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.88%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.36	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7158	1.4173
Quarterly Medicaid CMI:	1.9897	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.0295	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,082,221	$3,651,878	$0	$682,109	$246,144	$348,205	$1,514,442		$1,639,443	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($249,092)	($127,192)	$0	$0	$0	$0	($60,721)		($61,179)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$187,913		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$61,179
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,082,221	$3,524,686	$0	$682,109	$246,144	$348,205	$1,453,721	$187,913	$1,578,264	$61,179
8	Total Nursing Facility Days As Filed Days = 27,105	FY24 Audited C/R Days	27,105									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,105	FY24 GL-PL Ins Rpt Days								27,105		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$298.19	$130.04	$0.00	$25.17	$21.93	*(with L&H)*	$53.63	$6.93	$58.23	$2.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7158**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$75.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.79	$0.00	$25.17	$21.93		$53.63	$6.93	$58.23	$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.79	$75.79	$0.00	$25.17	$21.93		$39.61	$6.93	11.10 *(FRV)*	$2.26
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$182.79	$75.79	$0.00	$25.17	$21.93	$0.00	$39.61	$6.93	$11.10	$2.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.0295**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$260.82	$153.82	$0.00	$25.17	$21.93	$0.00	$39.61	$6.93	$11.10	$2.26
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.85	$3.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.61	$4.61								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.72	$8.99	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$287.54**	**$162.81**	**$0.00**	**$25.39**	**$22.34**	**$0.00**	**$56.71**	**$6.93**	**$11.10**	**$2.26**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.83**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ROBERTA TRAILS OF JOURNEY LLC**
Prvdr ID: **00142777A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	52.38%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.90	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5515	1.4173
Quarterly Medicaid CMI:	1.5640	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5953	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,888,484	$2,806,575	$0	$486,571	$265,179	$261,589	$1,286,539		$782,031	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($110,242)	($43,063)	$0	($14,168)	($1,694)	$7,704	($16,432)		($42,589)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$34,176		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$42,443
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,854,861	$2,763,512	$0	$472,403	$263,485	$269,293	$1,270,107	$34,176	$739,442	$42,443
8	Total Nursing Facility Days As Filed Days = 25,121	FY24 Audited C/R Days	25,121									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,121	FY24 GL-PL Ins Rpt Days								25,121		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.08	$110.01	$0.00	$18.81	$21.21	*(with L&H)*	$50.56	$1.36	$29.44	$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5515**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$70.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$70.91	$0.00	$18.81	$21.21		$50.56	$1.36	$29.44	$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$163.21	$70.91	$0.00	$18.81	$21.21		$39.61	$1.36	9.62 *(FRV)*	$1.69
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$163.21	$70.91	$0.00	$18.81	$21.21	$0.00	$39.61	$1.36	$9.62	$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5953**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$113.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$205.42	$113.12	$0.00	$18.81	$21.21	$0.00	$39.61	$1.36	$9.62	$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)	$1.16	$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	$6.22	$6.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.26	$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.74	$9.01	$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	**$232.16**	**$122.13**	**$0.00**	**$19.03**	**$21.62**	**$0.00**	**$56.71**	**$1.36**	**$9.62**	**$1.69**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$161.30**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GREEN ACRES CARE CENTER LLC**
Prvdr ID: **00142843A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.59%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.69	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1377	1.4173
Quarterly Medicaid CMI:	1.3047	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3308	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$14,609,177	$7,419,106	$0	$1,196,021	$1,239,348	$794,458	$3,375,040		$585,204	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($51,098)	$0	$0	$0	$0	$0	($51,098)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$51,098		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$14,609,177	$7,419,106	$0	$1,196,021	$1,239,348	$794,458	$3,323,942	$51,098	$585,204	$0
8	Total Nursing Facility Days As Filed Days = 31,298	FY24 Audited C/R Days	31,298									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,298	FY24 GL-PL Ins Rpt Days								31,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$466.77	$237.05	$0.00	$38.21	$64.98	*(with L&H)*	$106.20	$1.63	$18.70	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1377**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$208.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$208.35	$0.00	$38.21	$64.98		$106.20	$1.63	$18.70	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$250.74	$121.00	$0.00	$38.21	$35.91		$39.61	$1.63	14.38 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$250.74	$121.00	$0.00	$38.21	$35.91	$0.00	$39.61	$1.63	$14.38	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3308**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$161.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$290.77	$161.03	$0.00	$38.21	$35.91	$0.00	$39.61	$1.63	$14.38	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.03	$4.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.83	$4.83								
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	$26.18	$8.86	$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	**$316.95**	**$169.89**	**$0.00**	**$38.43**	**$35.91**	**$0.00**	**$56.71**	**$1.63**	**$14.38**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$224.89**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WINDER CENTER FOR NURSING AND HEALING**
Prvdr ID: **00142854A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.33%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.36	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4975	1.4173
Quarterly Medicaid CMI:	1.6040	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6361	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,705,740	$5,863,417	$0	$1,046,132	$521,644	$509,122	$1,779,179		$1,986,246	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($360,915)	($141,548)	$0	$0	$0	($14,467)	($123,232)		($81,668)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$253,030		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$81,668
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,679,523	$5,721,869	$0	$1,046,132	$521,644	$494,655	$1,655,947	$253,030	$1,904,578	$81,668
8	Total Nursing Facility Days As Filed Days = 50,212	FY24 Audited C/R Days	50,212									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,212	FY24 GL-PL Ins Rpt Days								50,212		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$232.60	$113.95	$0.00	$20.83	$20.24	*(with L&H)*	$32.98	$5.04	$37.93	$1.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4975**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$76.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.09	$0.00	$20.83	$20.24		$32.98	$5.04	$37.93	$1.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$172.17	$76.09	$0.00	$20.83	$20.24		$32.98	$5.04	15.36 *(FRV)*	$1.63
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$172.17	$76.09	$0.00	$20.83	$20.24	$0.00	$32.98	$5.04	$15.36	$1.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6361**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$124.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$220.57	$124.49	$0.00	$20.83	$20.24	$0.00	$32.98	$5.04	$15.36	$1.63
	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 = 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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.22	$6.22								
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	$24.85	$6.75	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$245.42**	**$131.24**	**$0.00**	**$21.05**	**$20.65**	**$0.00**	**$50.45**	**$5.04**	**$15.36**	**$1.63**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$171.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **DADE HEALTH AND REHAB**
Prvdr ID: **00142865A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.26	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4027	1.4173
Quarterly Medicaid CMI:	1.3500	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3770	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,191,347	$1,637,230	$0	$326,648	$189,943	$227,881	$500,491		$309,154	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($83,616)	($46,303)	$0	$0	$0	$239	($21,351)		($16,201)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$61,083		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$22,003
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,190,817	$1,590,927	$0	$326,648	$189,943	$228,120	$479,140	$61,083	$292,953	$22,003
8	Total Nursing Facility Days As Filed Days = 11,146	FY24 Audited C/R Days	11,146									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,146	FY24 GL-PL Ins Rpt Days								11,146		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$286.28	$142.74	$0.00	$29.31	$37.51	*(with L&H)*	$42.99	$5.48	$26.28	$1.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4027**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$101.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.76	$0.00	$29.31	$37.51		$42.99	$5.48	$26.28	$1.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$225.82	$101.76	$0.00	$29.31	$35.91		$39.61	$5.48	11.78 *(FRV)*	$1.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$225.82	$101.76	$0.00	$29.31	$35.91	$0.00	$39.61	$5.48	$11.78	$1.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3770**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$140.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$264.18	$140.12	$0.00	$29.31	$35.91	$0.00	$39.61	$5.48	$11.78	$1.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.50	$3.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.20	$4.20								
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	$25.55	$8.23	$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	**$289.73**	**$148.35**	**$0.00**	**$29.53**	**$35.91**	**$0.00**	**$56.71**	**$5.48**	**$11.78**	**$1.97**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.47**									

FINAL

Provider: **TYBEE ISLAND CARE CENTER**
Prvdr ID: **00142876A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	47.5%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.07	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.0202	1.4173
Quarterly Medicaid PDPM:	1.4105	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4387	1.5391

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	j
	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*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2021 GL-PL Rpt		1,645,175		251,034	443,391		372,910	47,068	173,852	55,348
	Inflation (July 2022) @ 3.20%			52,646		8,033	14,189		11,933			1,771
	Patient Days	FY 2023 Cost Rpt		14,584		14,584	14,584		14,584	14,584	14,584	14,584
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			116.42		17.76	31.38		26.39	3.23	11.92	3.92
	Base Period Facility PDPM for all Residents			**1.0202**								
	Routine Services PDPM Adjusted Net Per Diem			$114.11								
	Net Per Diems After PDPM Adjustments		$208.71	$114.11		$17.76	$31.38		$26.39	$3.23	$11.92	3.92
	Per Diem Standards			$121.00		$31.73	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$211.02	$114.11		$17.76	$31.38		$26.39	$3.23	14.23	3.92
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$211.01	$114.11		$17.76	$31.38		$26.39	$3.23	$14.23	$3.92
	Quarterly Facility PDPM for Medicaid Residents			**1.4387**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$164.17								
	Quarterly Medicaid PDPMA Allowed Per Diem		$261.07	$164.17		$17.76	$31.38		$26.39	$3.23	$14.23	$3.92
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.53	$0.53		$0.22	$0.41		$0.37			
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)		$9.03	9.03								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$3.28	3.28								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$30.94									
	Quarterly PDPM Based Per Diem Rate		**$292.01**	**$177.01**		**$17.98**	**$31.79**		**$43.86**	**$3.23**	**$14.23**	**$3.92**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$206.18**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SEARS MANOR NURSING HOME**
Prvdr ID: **00142898A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.67%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.31	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3183	1.4173
Quarterly Medicaid CMI:	1.2945	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3204	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,214,560	$3,431,991	$0	$674,513	$354,326	$406,019	$1,014,365		$333,346	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($192,907)	($1,700)	$0	$0	($1,295)	($1,488)	($132,030)		($56,394)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$122,138		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$56,187
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,199,978	$3,430,291	$0	$674,513	$353,031	$404,531	$882,335	$122,138	$276,952	$56,187
8	Total Nursing Facility Days As Filed Days = 21,270	FY24 Audited C/R Days	21,270									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,270	FY24 GL-PL Ins Rpt Days								21,270		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$291.48	$161.27	$0.00	$31.71	$35.62	*(with L&H)*	$41.48	$5.74	$13.02	$2.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3183**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$122.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$122.33	$0.00	$31.71	$35.62		$41.48	$5.74	$13.02	$2.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$249.57	$121.00	$0.00	$31.71	$35.62		$39.61	$5.74	13.25 *(FRV)*	$2.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$249.57	$121.00	$0.00	$31.71	$35.62	$0.00	$39.61	$5.74	$13.25	$2.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3204**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$159.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$288.34	$159.77	$0.00	$31.71	$35.62	$0.00	$39.61	$5.74	$13.25	$2.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.23	$0.00	$0.00	$0.01	$0.22	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.99	$3.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.99	$7.99								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.31	$11.98	$0.00	$0.01	$0.22	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$317.65**	**$171.75**	**$0.00**	**$31.72**	**$35.84**	**$0.00**	**$56.71**	**$5.74**	**$13.25**	**$2.64**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$225.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SEMINOLE MANOR NURSING HOME**
Prvdr ID: **00142909A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.09%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2228	1.4173
Quarterly Medicaid CMI:	1.2425	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2673	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,906,381	$3,441,482	$0	$876,841	$650,171	$497,554	$944,547		$495,786	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($36,893)	$0	$0	$0	$0	$0	($15,070)		($21,823)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$15,070		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$21,823
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,906,381	$3,441,482	$0	$876,841	$650,171	$497,554	$929,477	$15,070	$473,963	$21,823
8	Total Nursing Facility Days As Filed Days = 23,921	FY24 Audited C/R Days	23,883									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,921	FY24 GL-PL Ins Rpt Days								23,883		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$289.18	$144.10	$0.00	$36.71	$48.06	*(with L&H)*	$38.92	$0.63	$19.85	$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2228**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$117.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$117.84	$0.00	$36.71	$48.06		$38.92	$0.63	$19.85	$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$243.34	$117.84	$0.00	$36.71	$35.91		$38.92	$0.63	12.42 *(FRV)*	$0.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$243.34	$117.84	$0.00	$36.71	$35.91	$0.00	$38.92	$0.63	$12.42	$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2673**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$149.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$274.84	$149.34	$0.00	$36.71	$35.91	$0.00	$38.92	$0.63	$12.42	$0.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.73	$3.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.48	$4.48								
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	$26.43	$8.74	$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	**$301.27**	**$158.08**	**$0.00**	**$36.93**	**$35.91**	**$0.00**	**$56.39**	**$0.63**	**$12.42**	**$0.91**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$213.13**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **VISTA PARK HEALTH AND REHABILITATION**
Prvdr ID: **00142931A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.64%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.71	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3578	1.4173
Quarterly Medicaid CMI:	1.3137	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3400	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,805,848	$5,189,481	$0	$994,242	$446,948	$441,057	$1,573,260		$1,160,860	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($180,105)	$0	$0	$0	$0	$0	($68,655)		($111,450)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$131,040		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$111,450
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,868,233	$5,189,481	$0	$994,242	$446,948	$441,057	$1,504,605	$131,040	$1,049,410	$111,450
8	Total Nursing Facility Days As Filed Days = 35,676	FY24 Audited C/R Days	35,676									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,676	FY24 GL-PL Ins Rpt Days								35,676		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$276.60	$145.46	$0.00	$27.87	$24.89	*(with L&H)*	$42.17	$3.67	$29.42	$3.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3578**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$107.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$107.13	$0.00	$27.87	$24.89		$42.17	$3.67	$29.42	$3.12
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$231.45	$107.13	$0.00	$27.87	$24.89		$39.61	$3.67	25.16 *(FRV)*	$3.12
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$231.45	$107.13	$0.00	$27.87	$24.89	$0.00	$39.61	$3.67	$25.16	$3.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3400**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$267.87	$143.55	$0.00	$27.87	$24.89	$0.00	$39.61	$3.67	$25.16	$3.12
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.44	$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.18	$7.18								
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	$26.88	$9.15	$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	**$294.75**	**$152.70**	**$0.00**	**$28.09**	**$25.30**	**$0.00**	**$56.71**	**$3.67**	**$25.16**	**$3.12**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$208.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ROSS MEMORIAL HEALTH CARE CTR**
Prvdr ID: **00142942A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	6.47	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6067	1.4173
Quarterly Medicaid CMI:	1.6713	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7047	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,753,662	$5,426,578	$0	$1,007,695	$570,851	$528,551	$2,668,142		$1,551,845	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($706,025)	($416,787)	$0	$0	$0	($28,243)	($128,415)		($132,580)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$81,060		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$132,580
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,261,277	$5,009,791	$0	$1,007,695	$570,851	$500,308	$2,539,727	$81,060	$1,419,265	$132,580
8	Total Nursing Facility Days As Filed Days = 34,000	FY24 Audited C/R Days	34,000									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,000	FY24 GL-PL Ins Rpt Days								34,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$331.21	$147.35	$0.00	$29.64	$31.50	*(with L&H)*	$74.70	$2.38	$41.74	$3.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6067**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.71	$0.00	$29.64	$31.50		$74.70	$2.38	$41.74	$3.90
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$219.25	$91.71	$0.00	$29.64	$31.50		$39.61	$2.38	20.51 *(FRV)*	$3.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$219.25	$91.71	$0.00	$29.64	$31.50	$0.00	$39.61	$2.38	$20.51	$3.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7047**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$156.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$283.88	$156.34	$0.00	$29.64	$31.50	$0.00	$39.61	$2.38	$20.51	$3.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.56	$1.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.82	$7.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.64	$9.91	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$311.52**	**$166.25**	**$0.00**	**$29.86**	**$31.91**	**$0.00**	**$56.71**	**$2.38**	**$20.51**	**$3.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$220.82**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - SHEPHERD HILLS**
Prvdr ID: **00142964A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.20	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3551	1.4173
Quarterly Medicaid CMI:	1.5449	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5758	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,297,141	$5,241,789	$0	$663,003	$427,727	$525,356	$1,221,952		$217,314	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($436,046)	($135,769)	$0	$0	($208)	($1,007)	($256,118)		($42,944)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$404,921		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$38,906
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,304,922	$5,106,020	$0	$663,003	$427,519	$524,349	$965,834	$404,921	$174,370	$38,906
8	Total Nursing Facility Days As Filed Days = 38,759	FY24 Audited C/R Days	38,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,759	FY24 GL-PL Ins Rpt Days								38,759		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$214.28	$131.74	$0.00	$17.11	$24.56	*(with L&H)*	$24.92	$10.45	$4.50	$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3551**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.21	$0.00	$17.11	$24.56		$24.92	$10.45	$4.50	$1.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$184.64	$97.21	$0.00	$17.11	$24.56		$24.92	$10.45	9.39 *(FRV)*	$1.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$184.64	$97.21	$0.00	$17.11	$24.56	$0.00	$24.92	$10.45	$9.39	$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5758**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.61	$153.18	$0.00	$17.11	$24.56	$0.00	$24.92	$10.45	$9.39	$1.00
	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	$1.53	$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.66	$7.66								
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	$27.82	$9.72	$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	**$268.43**	**$162.90**	**$0.00**	**$17.33**	**$24.97**	**$0.00**	**$42.39**	**$10.45**	**$9.39**	**$1.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$188.50**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GOLD CITY HEALTH AND REHAB**
Prvdr ID: **00142975A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.21%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.85	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2637	1.4173
Quarterly Medicaid CMI:	1.6324	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6651	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,977,269	$2,878,669	$0	$428,462	$243,718	$295,051	$953,809		$177,560	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($100,289)	($3,493)	$0	$0	$0	$0	($43,673)		($53,123)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$53,123
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,930,103	$2,875,176	$0	$428,462	$243,718	$295,051	$910,136	$0	$124,437	$53,123
8	Total Nursing Facility Days As Filed Days = 25,414	FY24 Audited C/R Days	25,414									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,414	FY24 GL-PL Ins Rpt Days								25,414		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$193.99	$113.13	$0.00	$16.86	$21.20	*(with L&H)*	$35.81	$0.00	$4.90	$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2637**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$89.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.52	$0.00	$16.86	$21.20		$35.81	$0.00	$4.90	$2.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$176.73	$89.52	$0.00	$16.86	$21.20		$35.81	$0.00	11.25 *(FRV)*	$2.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$176.73	$89.52	$0.00	$16.86	$21.20	$0.00	$35.81	$0.00	$11.25	$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6651**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$149.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$236.27	$149.06	$0.00	$16.86	$21.20	$0.00	$35.81	$0.00	$11.25	$2.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$3.73	$3.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.47	$4.47								
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	$26.83	$8.73	$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	**$263.10**	**$157.79**	**$0.00**	**$17.08**	**$21.61**	**$0.00**	**$53.28**	**$0.00**	**$11.25**	**$2.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.50**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MARIETTA CENTER FOR NURSING AND HEALING**
Prvdr ID: **00142986A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.34%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.60	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5632	1.4173
Quarterly Medicaid CMI:	1.6021	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6342	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,011,627	$5,841,057	$0	$936,097	$461,760	$473,117	$1,675,367		$2,624,229	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($441,171)	($208,385)	$0	($1,978)	$0	($11,554)	($122,344)		($96,910)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$243,209		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$96,910
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,910,575	$5,632,672	$0	$934,119	$461,760	$461,563	$1,553,023	$243,209	$2,527,319	$96,910
8	Total Nursing Facility Days As Filed Days = 46,793	FY24 Audited C/R Days	46,793									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,793	FY24 GL-PL Ins Rpt Days								46,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$254.53	$120.37	$0.00	$19.96	$19.73	*(with L&H)*	$33.19	$5.20	$54.01	$2.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5632**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$77.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.00	$0.00	$19.96	$19.73		$33.19	$5.20	$54.01	$2.07
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$175.38	$77.00	$0.00	$19.96	$19.73		$33.19	$5.20	18.23 *(FRV)*	$2.07
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$175.38	$77.00	$0.00	$19.96	$19.73	$0.00	$33.19	$5.20	$18.23	$2.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6342**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$125.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$224.21	$125.83	$0.00	$19.96	$19.73	$0.00	$33.19	$5.20	$18.23	$2.07
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.15	$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.03	$5.03								
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	$26.81	$8.71	$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	**$251.02**	**$134.54**	**$0.00**	**$20.18**	**$20.14**	**$0.00**	**$50.66**	**$5.20**	**$18.23**	**$2.07**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - FAIRBURN**
Prvdr ID: **00142997A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.54%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.69	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4180	1.4173
Quarterly Medicaid CMI:	1.4305	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.4591	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,039,177	$3,763,220	$0	$595,213	$392,967	$707,167	$1,095,963		$484,647	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($433,521)	($107,914)	$0	$8,295	($1,627)	$1,998	($251,800)		($82,473)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$296,640		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$70,646
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,972,942	$3,655,306	$0	$603,508	$391,340	$709,165	$844,163	$296,640	$402,174	$70,646
8	Total Nursing Facility Days As Filed Days = 26,459	FY24 Audited C/R Days	26,459									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,459	FY24 GL-PL Ins Rpt Days								26,459		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$263.53	$138.15	$0.00	$22.81	$41.59	*(with L&H)*	$31.90	$11.21	$15.20	$2.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4180**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.43	$0.00	$22.81	$41.59		$31.90	$11.21	$15.20	$2.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$218.07	$97.43	$0.00	$22.81	$35.91		$31.90	$11.21	16.14 *(FRV)*	$2.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$218.07	$97.43	$0.00	$22.81	$35.91	$0.00	$31.90	$11.21	$16.14	$2.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4591**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$262.80	$142.16	$0.00	$22.81	$35.91	$0.00	$31.90	$11.21	$16.14	$2.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.11	$7.11								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.33	$7.64	$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	**$288.13**	**$149.80**	**$0.00**	**$23.03**	**$35.91**	**$0.00**	**$49.37**	**$11.21**	**$16.14**	**$2.67**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.27**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SMITH MEDICAL NURSING CARE CTR**
Prvdr ID: **00143008A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.79%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.26	1.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2389	1.4173
Quarterly Medicaid CMI:	1.1494	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.1723	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$1,862,894	$1,061,312	$0	$210,778	$71,362	$88,662	$404,376		$26,404	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($107,652)	$0	$0	$0	$0	$0	($86,266)		($21,386)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$83,466		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$21,386
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$1,860,094	$1,061,312	$0	$210,778	$71,362	$88,662	$318,110	$83,466	$5,018	$21,386
8	Total Nursing Facility Days As Filed Days = 13,485	FY24 Audited C/R Days	13,485									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,485	FY24 GL-PL Ins Rpt Days								13,485		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$137.94	$78.70	$0.00	$15.63	$11.87	*(with L&H)*	$23.59	$6.19	$0.37	$1.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2389**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$63.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$63.53	$0.00	$15.63	$11.87		$23.59	$6.19	$0.37	$1.59
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$136.26	$63.53	$0.00	$15.63	$11.87		$23.59	$6.19	13.86 *(FRV)*	$1.59
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$136.26	$63.53	$0.00	$15.63	$11.87	$0.00	$23.59	$6.19	$13.86	$1.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.1723**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$74.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$147.21	$74.48	$0.00	$15.63	$11.87	$0.00	$23.59	$6.19	$13.86	$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)	$1.53	$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	$0.74	$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.74	$0.74								
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	$20.11	$2.01	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$167.32**	**$76.49**	**$0.00**	**$15.85**	**$12.28**	**$0.00**	**$41.06**	**$6.19**	**$13.86**	**$1.59**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$112.67**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SOCIAL CIRCLE NSG & REHAB CTR**
Prvdr ID: **00143041A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.43%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.35	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3551	1.4173
Quarterly Medicaid CMI:	1.5637	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5950	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,133,674	$2,841,351	$0	$446,878	$203,294	$555,269	$1,140,087		$946,795	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($78,294)	($136,780)	$0	$0	$0	$0	$115,674		($57,188)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$21,106		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$57,188
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,133,674	$2,704,571	$0	$446,878	$203,294	$555,269	$1,255,761	$21,106	$889,607	$57,188
8	Total Nursing Facility Days As Filed Days = 21,375	FY24 Audited C/R Days	21,375									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,375	FY24 GL-PL Ins Rpt Days								21,375		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$286.97	$126.53	$0.00	$20.91	$35.49	*(with L&H)*	$58.75	$0.99	$41.62	$2.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3551**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$93.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.37	$0.00	$20.91	$35.49		$58.75	$0.99	$41.62	$2.68
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.97	$93.37	$0.00	$20.91	$35.49		$39.61	$0.99	12.92 *(FRV)*	$2.68
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$205.97	$93.37	$0.00	$20.91	$35.49	$0.00	$39.61	$0.99	$12.92	$2.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5950**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$148.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$261.53	$148.93	$0.00	$20.91	$35.49	$0.00	$39.61	$0.99	$12.92	$2.68
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.06	$0.53	$0.00	$0.22	$0.31	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.72	$3.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.47	$4.47								
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	$26.35	$8.72	$0.00	$0.22	$0.31	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$287.88**	**$157.65**	**$0.00**	**$21.13**	**$35.80**	**$0.00**	**$56.71**	**$0.99**	**$12.92**	**$2.68**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.09**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - GRIFFIN**
Prvdr ID: **00143052A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.76%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.76	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5380	1.4173
Quarterly Medicaid CMI:	1.5626	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5938	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,737,331	$2,627,619	$0	$343,405	$225,361	$431,327	$840,708		$268,911	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($286,645)	($87,558)	$0	$0	($99)	$76	($155,442)		($43,622)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$249,499		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$48,156
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,748,341	$2,540,061	$0	$343,405	$225,262	$431,403	$685,266	$249,499	$225,289	$48,156
8	Total Nursing Facility Days As Filed Days = 18,169	FY24 Audited C/R Days	18,169									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,169	FY24 GL-PL Ins Rpt Days								18,169		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$261.34	$139.80	$0.00	$18.90	$36.14	*(with L&H)*	$37.72	$13.73	$12.40	$2.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5380**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$90.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.90	$0.00	$18.90	$36.14		$37.72	$13.73	$12.40	$2.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$211.44	$90.90	$0.00	$18.90	$35.91		$37.72	$13.73	11.63 *(FRV)*	$2.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$211.44	$90.90	$0.00	$18.90	$35.91	$0.00	$37.72	$13.73	$11.63	$2.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5938**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$144.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.42	$144.88	$0.00	$18.90	$35.91	$0.00	$37.72	$13.73	$11.63	$2.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.62	$3.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.80	$5.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.64	$9.95	$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	**$293.06**	**$154.83**	**$0.00**	**$19.12**	**$35.91**	**$0.00**	**$55.19**	**$13.73**	**$11.63**	**$2.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.97**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SPARTA HEALTH AND REHABILITATION**
Prvdr ID: **00143063A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.68	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2892	1.4173
Quarterly Medicaid CMI:	1.2410	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2658	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,559,251	$2,461,698	$0	$542,303	$220,569	$328,051	$879,507		$127,123	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($124,448)	$0	$0	$0	$0	$0	($87,945)		($36,503)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$59,280		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$36,503
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,530,586	$2,461,698	$0	$542,303	$220,569	$328,051	$791,562	$59,280	$90,620	$36,503
8	Total Nursing Facility Days As Filed Days = 19,177	FY24 Audited C/R Days	19,177									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,177	FY24 GL-PL Ins Rpt Days								19,177		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$236.26	$128.37	$0.00	$28.28	$28.61	*(with L&H)*	$41.28	$3.09	$4.73	$1.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2892**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$99.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.57	$0.00	$28.28	$28.61		$41.28	$3.09	$4.73	$1.90
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$213.81	$99.57	$0.00	$28.28	$28.61		$39.61	$3.09	12.75 *(FRV)*	$1.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$213.81	$99.57	$0.00	$28.28	$28.61	$0.00	$39.61	$3.09	$12.75	$1.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2658**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.28	$126.04	$0.00	$28.28	$28.61	$0.00	$39.61	$3.09	$12.75	$1.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.15	$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.30	$6.30								
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	$27.71	$9.98	$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	**$267.99**	**$136.02**	**$0.00**	**$28.50**	**$29.02**	**$0.00**	**$56.71**	**$3.09**	**$12.75**	**$1.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$188.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **FULTON CENTER FOR REHABILITATION LLC**
Prvdr ID: **00143074A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.71%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.55	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5489	1.4173
Quarterly Medicaid CMI:	1.6192	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6516	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,484,689	$3,918,902	$0	$691,735	$299,403	$546,702	$1,455,505		$1,572,442	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($489,394)	($153,149)	$0	$258	($200)	$19,900	($263,528)		($92,675)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$227,500		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$80,724
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,303,519	$3,765,753	$0	$691,993	$299,203	$566,602	$1,191,977	$227,500	$1,479,767	$80,724
8	Total Nursing Facility Days As Filed Days = 35,819	FY24 Audited C/R Days	35,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,819	FY24 GL-PL Ins Rpt Days								35,819		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$231.81	$105.13	$0.00	$19.32	$24.17	*(with L&H)*	$33.28	$6.35	$41.31	$2.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5489**								
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	$19.32	$24.17		$33.28	$6.35	$41.31	$2.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$163.84	$67.87	$0.00	$19.32	$24.17		$33.28	$6.35	10.60 *(FRV)*	$2.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$163.84	$67.87	$0.00	$19.32	$24.17	$0.00	$33.28	$6.35	$10.60	$2.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6516**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$112.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$208.06	$112.09	$0.00	$19.32	$24.17	$0.00	$33.28	$6.35	$10.60	$2.25
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.12	$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.60	$5.60								
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	$25.35	$7.25	$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	**$233.41**	**$119.34**	**$0.00**	**$19.54**	**$24.58**	**$0.00**	**$50.75**	**$6.35**	**$10.60**	**$2.25**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$162.23**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CARTERSVILLE CENTER FOR NURSING AND HEALING**
Prvdr ID: **00143085A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.36%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.57	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5024	1.4173
Quarterly Medicaid CMI:	1.4529	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4820	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,759,100	$5,017,158	$0	$820,287	$343,101	$539,653	$1,514,073		$1,524,828	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($484,510)	($128,867)	$0	($1,755)	$0	($12,515)	($217,000)		($124,373)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$270,487		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$124,373
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,669,450	$4,888,291	$0	$818,532	$343,101	$527,138	$1,297,073	$270,487	$1,400,455	$124,373
8	Total Nursing Facility Days As Filed Days = 39,256	FY24 Audited C/R Days	39,256									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,256	FY24 GL-PL Ins Rpt Days								39,256		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$246.31	$124.52	$0.00	$20.85	$22.17	*(with L&H)*	$33.04	$6.89	$35.67	$3.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5024**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.88	$0.00	$20.85	$22.17		$33.04	$6.89	$35.67	$3.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.73	$82.88	$0.00	$20.85	$22.17		$33.04	$6.89	16.73 *(FRV)*	$3.17
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$185.73	$82.88	$0.00	$20.85	$22.17	$0.00	$33.04	$6.89	$16.73	$3.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4820**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$122.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$225.68	$122.83	$0.00	$20.85	$22.17	$0.00	$33.04	$6.89	$16.73	$3.17
	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	$1.23	$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.14	$6.14								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.00	$7.90	$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	**$251.68**	**$130.73**	**$0.00**	**$21.07**	**$22.58**	**$0.00**	**$50.51**	**$6.89**	**$16.73**	**$3.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.94**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - SPRING VALLEY**
Prvdr ID: **00143096A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.77%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.23	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3886	1.4173
Quarterly Medicaid CMI:	1.4269	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4555	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,058,726	$2,386,346	$0	$427,270	$193,340	$423,491	$768,336		$859,943	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($242,007)	($16,967)	$0	$0	$0	($2,953)	($201,330)		($20,757)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$216,850		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$25,151
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,058,720	$2,369,379	$0	$427,270	$193,340	$420,538	$567,006	$216,850	$839,186	$25,151
8	Total Nursing Facility Days As Filed Days = 18,829	FY24 Audited C/R Days	18,829									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,829	FY24 GL-PL Ins Rpt Days								18,829		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$268.67	$125.84	$0.00	$22.69	$32.60	*(with L&H)*	$30.11	$11.52	$44.57	$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3886**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$90.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.62	$0.00	$22.69	$32.60		$30.11	$11.52	$44.57	$1.34
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$201.14	$90.62	$0.00	$22.69	$32.60		$30.11	$11.52	12.26 *(FRV)*	$1.34
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$201.14	$90.62	$0.00	$22.69	$32.60	$0.00	$30.11	$11.52	$12.26	$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4555**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$131.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$242.42	$131.90	$0.00	$22.69	$32.60	$0.00	$30.11	$11.52	$12.26	$1.34
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.30	$3.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.60	$6.60								
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	$28.53	$10.43	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$270.95**	**$142.33**	**$0.00**	**$22.91**	**$33.01**	**$0.00**	**$47.58**	**$11.52**	**$12.26**	**$1.34**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$190.39**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WINTHROP HEALTH AND REHABILITATION**
Prvdr ID: **00143118A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	14.93%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2780	1.4173
Quarterly Medicaid CMI:	1.2555	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2806	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,069,656	$3,105,146	$0	$653,829	$343,713	$350,767	$1,223,236		$392,965	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($135,633)	($2,238)	$0	$0	($5,172)	($4,985)	($102,342)		($20,896)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$62,400		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$20,767
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,017,190	$3,102,908	$0	$653,829	$338,541	$345,782	$1,120,894	$62,400	$372,069	$20,767
8	Total Nursing Facility Days As Filed Days = 23,180	FY24 Audited C/R Days	23,151									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,180	FY24 GL-PL Ins Rpt Days								23,151		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$259.92	$134.03	$0.00	$28.24	$29.56	*(with L&H)*	$48.42	$2.70	$16.07	$0.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2780**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$104.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$104.87	$0.00	$28.24	$29.56		$48.42	$2.70	$16.07	$0.90
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$227.53	$104.87	$0.00	$28.24	$29.56		$39.61	$2.70	21.65 *(FRV)*	$0.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$227.53	$104.87	$0.00	$28.24	$29.56	$0.00	$39.61	$2.70	$21.65	$0.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2806**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$134.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$256.96	$134.30	$0.00	$28.24	$29.56	$0.00	$39.61	$2.70	$21.65	$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)	$1.16	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.72	$6.72								
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	$24.98	$7.25	$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	**$281.94**	**$141.55**	**$0.00**	**$28.46**	**$29.97**	**$0.00**	**$56.71**	**$2.70**	**$21.65**	**$0.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.63**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SENIOR CARE CENTER - ST MARYS**
Prvdr ID: **00143129A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.22%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.97	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2930	1.4173
Quarterly Medicaid CMI:	1.7346	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7693	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,275,269	$3,013,211	$0	$811,522	$592,139	$290,323	$1,330,059		$238,015	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($95,220)	$177,001	$0	$0	$0	$0	($256,061)		($16,160)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$55,987		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$16,160
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,252,196	$3,190,212	$0	$811,522	$592,139	$290,323	$1,073,998	$55,987	$221,855	$16,160
8	Total Nursing Facility Days As Filed Days = 23,003	FY24 Audited C/R Days	23,003									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,003	FY24 GL-PL Ins Rpt Days								23,003		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$271.79	$138.69	$0.00	$35.28	$38.36	*(with L&H)*	$46.69	$2.43	$9.64	$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2930**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$107.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$107.26	$0.00	$35.28	$38.36		$46.69	$2.43	$9.64	$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$231.61	$107.26	$0.00	$31.73	$35.91		$39.61	$2.43	13.97 *(FRV)*	$0.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$231.61	$107.26	$0.00	$31.73	$35.91	$0.00	$39.61	$2.43	$13.97	$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7693**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$189.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$314.13	$189.78	$0.00	$31.73	$35.91	$0.00	$39.61	$2.43	$13.97	$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.69	$5.69								
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	$23.32	$6.22	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$337.45**	**$196.00**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$56.71**	**$2.43**	**$13.97**	**$0.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$240.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **EAGLE HEALTH & REHABILITATION**
Prvdr ID: **00143151A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.22%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.37	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2937	1.4173
Quarterly Medicaid CMI:	1.2071	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2313	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,473,662	$2,185,982	$0	$530,833	$238,083	$328,924	$921,797		$268,043	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($148,524)	$0	$0	$0	$0	$0	($100,328)		($48,196)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$100,328		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$48,196
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,473,662	$2,185,982	$0	$530,833	$238,083	$328,924	$821,469	$100,328	$219,847	$48,196
8	Total Nursing Facility Days As Filed Days = 14,430	FY24 Audited C/R Days	14,430									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,430	FY24 GL-PL Ins Rpt Days								14,430		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$310.03	$151.49	$0.00	$36.79	$39.29	*(with L&H)*	$56.93	$6.95	$15.24	$3.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2937**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$117.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$117.10	$0.00	$36.79	$39.29		$56.93	$6.95	$15.24	$3.34
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.81	$117.10	$0.00	$31.73	$35.91		$39.61	$6.95	13.17 *(FRV)*	$3.34
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$247.81	$117.10	$0.00	$31.73	$35.91	$0.00	$39.61	$6.95	$13.17	$3.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2313**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$144.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$274.90	$144.19	$0.00	$31.73	$35.91	$0.00	$39.61	$6.95	$13.17	$3.34
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$1.44	$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.65	$8.65								
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	$27.72	$10.62	$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	**$302.62**	**$154.81**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$56.71**	**$6.95**	**$13.17**	**$3.34**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$214.14**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ARROWHEAD POST ACUTE LLC**
Prvdr ID: **00143162A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	41.67%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.04	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6866	1.4173
Quarterly Medicaid CMI:	1.5880	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6198	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,474,894	$3,235,690	$0	$580,807	$355,990	$428,369	$1,411,743		$1,462,295	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($204,509)	($26,059)	$0	($18,856)	$0	$7,961	($76,187)		($91,368)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$83,897		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$91,368
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,445,650	$3,209,631	$0	$561,951	$355,990	$436,330	$1,335,556	$83,897	$1,370,927	$91,368
8	Total Nursing Facility Days As Filed Days = 29,547	FY24 Audited C/R Days	29,547									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,547	FY24 GL-PL Ins Rpt Days								29,547		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$252.00	$108.63	$0.00	$19.02	$26.82	*(with L&H)*	$45.20	$2.84	$46.40	$3.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6866**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$64.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$64.41	$0.00	$19.02	$26.82		$45.20	$2.84	$46.40	$3.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$168.72	$64.41	$0.00	$19.02	$26.82		$39.61	$2.84	12.93 *(FRV)*	$3.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$168.72	$64.41	$0.00	$19.02	$26.82	$0.00	$39.61	$2.84	$12.93	$3.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6198**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$104.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$208.64	$104.33	$0.00	$19.02	$26.82	$0.00	$39.61	$2.84	$12.93	$3.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$2.61	$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.13	$3.13								
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	$24.00	$6.27	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$232.64**	**$110.60**	**$0.00**	**$19.24**	**$27.23**	**$0.00**	**$56.71**	**$2.84**	**$12.93**	**$3.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$161.66**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - SUNRISE**
Prvdr ID: **00143173A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.37%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.38	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4304	1.4173
Quarterly Medicaid CMI:	1.6218	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6542	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,173,122	$2,301,691	$0	$388,566	$155,823	$445,053	$694,511		$187,478	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($252,099)	($8,684)	$0	$0	$0	$325	($202,605)		($41,135)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$216,922		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$38,016
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,175,961	$2,293,007	$0	$388,566	$155,823	$445,378	$491,906	$216,922	$146,343	$38,016
8	Total Nursing Facility Days As Filed Days = 18,527	FY24 Audited C/R Days	18,527									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,527	FY24 GL-PL Ins Rpt Days								18,527		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$225.40	$123.77	$0.00	$20.97	$32.45	*(with L&H)*	$26.55	$11.71	$7.90	$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4304**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.53	$0.00	$20.97	$32.45		$26.55	$11.71	$7.90	$2.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.65	$86.53	$0.00	$20.97	$32.45		$26.55	$11.71	14.39 *(FRV)*	$2.05
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$194.65	$86.53	$0.00	$20.97	$32.45	$0.00	$26.55	$11.71	$14.39	$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6542**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.26	$143.14	$0.00	$20.97	$32.45	$0.00	$26.55	$11.71	$14.39	$2.05
	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	$3.58	$3.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.16	$7.16								
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	$29.37	$11.27	$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	**$280.63**	**$154.41**	**$0.00**	**$21.19**	**$32.86**	**$0.00**	**$44.02**	**$11.71**	**$14.39**	**$2.05**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.65**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MOUNTAIN VIEW HEALTH CARE**
Prvdr ID: **00143184A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.41%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.38	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3620	1.4173
Quarterly Medicaid CMI:	1.7902	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.8260	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,369,397	$2,928,342	$0	$564,401	$193,215	$310,948	$1,068,306		$304,185	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($108,798)	($3,801)	$0	$0	$0	$0	($57,136)		($47,861)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$47,861
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,308,460	$2,924,541	$0	$564,401	$193,215	$310,948	$1,011,170	$0	$256,324	$47,861
8	Total Nursing Facility Days As Filed Days = 25,534	FY24 Audited C/R Days	25,534									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,534	FY24 GL-PL Ins Rpt Days								25,534		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$207.89	$114.54	$0.00	$22.10	$19.74	*(with L&H)*	$39.60	$0.00	$10.04	$1.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3620**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$84.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.10	$0.00	$22.10	$19.74		$39.60	$0.00	$10.04	$1.87
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$177.05	$84.10	$0.00	$22.10	$19.74		$39.60	$0.00	9.64 *(FRV)*	$1.87
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$177.05	$84.10	$0.00	$22.10	$19.74	$0.00	$39.60	$0.00	$9.64	$1.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8260**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$246.52	$153.57	$0.00	$22.10	$19.74	$0.00	$39.60	$0.00	$9.64	$1.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.17	$0.53	$0.00	$0.22	$0.41	$0.00	$0.01		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.54	$1.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.61	$4.61								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.42	$6.68	$0.00	$0.22	$0.41	$0.00	$17.11	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$270.94**	**$160.25**	**$0.00**	**$22.32**	**$20.15**	**$0.00**	**$56.71**	**$0.00**	**$9.64**	**$1.87**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$190.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - SWAINSBORO**
Prvdr ID: **00143195A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.86%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.02	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3358	1.4173
Quarterly Medicaid CMI:	1.4444	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4733	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,781,380	$3,050,028	$0	$542,971	$295,159	$543,090	$1,001,674		$348,458	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($401,420)	($28,019)	$0	$0	$0	$0	($332,250)		($41,151)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$372,054		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$42,433
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,794,447	$3,022,009	$0	$542,971	$295,159	$543,090	$669,424	$372,054	$307,307	$42,433
8	Total Nursing Facility Days As Filed Days = 29,281	FY24 Audited C/R Days	29,281									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,281	FY24 GL-PL Ins Rpt Days								29,281		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$197.90	$103.21	$0.00	$18.54	$28.63	*(with L&H)*	$22.86	$12.71	$10.50	$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3358**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$77.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.27	$0.00	$18.54	$28.63		$22.86	$12.71	$10.50	$1.45
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$174.61	$77.27	$0.00	$18.54	$28.63		$22.86	$12.71	13.15 *(FRV)*	$1.45
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$174.61	$77.27	$0.00	$18.54	$28.63	$0.00	$22.86	$12.71	$13.15	$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4733**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$113.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$211.18	$113.84	$0.00	$18.54	$28.63	$0.00	$22.86	$12.71	$13.15	$1.45
	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	$1.14	$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.69	$5.69								
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	$25.46	$7.36	$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	**$236.64**	**$121.20**	**$0.00**	**$18.76**	**$29.04**	**$0.00**	**$40.33**	**$12.71**	**$13.15**	**$1.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$164.66**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - SYLVESTER**
Prvdr ID: **00143206A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.39%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.45	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3293	1.4173
Quarterly Medicaid CMI:	1.3812	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4088	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,597,493	$4,800,103	$0	$712,823	$443,677	$739,773	$1,462,253		$438,864	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($426,935)	($14,706)	$0	$0	($486)	$500	($397,237)		($15,006)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$422,719		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$51,978
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,645,255	$4,785,397	$0	$712,823	$443,191	$740,273	$1,065,016	$422,719	$423,858	$51,978
8	Total Nursing Facility Days As Filed Days = 40,056	FY24 Audited C/R Days	40,056									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,056	FY24 GL-PL Ins Rpt Days								40,056		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$215.84	$119.47	$0.00	$17.80	$29.55	*(with L&H)*	$26.59	$10.55	$10.58	$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3293**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$89.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.87	$0.00	$17.80	$29.55		$26.59	$10.55	$10.58	$1.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$188.89	$89.87	$0.00	$17.80	$29.55		$26.59	$10.55	13.23 *(FRV)*	$1.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$188.89	$89.87	$0.00	$17.80	$29.55	$0.00	$26.59	$10.55	$13.23	$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4088**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$225.63	$126.61	$0.00	$17.80	$29.55	$0.00	$26.59	$10.55	$13.23	$1.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$1.27	$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.33	$6.33								
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	**$251.86**	**$134.74**	**$0.00**	**$18.02**	**$29.96**	**$0.00**	**$44.06**	**$10.55**	**$13.23**	**$1.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.07**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **TATTNALL HEALTHCARE CENTER**
Prvdr ID: **00143228A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.59%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.84	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1992	1.4173
Quarterly Medicaid CMI:	1.6722	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7056	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,856,975	$2,712,976	$0	$508,238	$240,119	$205,270	$832,680		$357,692	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($212,021)	($47,608)	$0	($2,707)	$0	$5,407	($137,046)		($30,067)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$64,830		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$30,067
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,739,851	$2,665,368	$0	$505,531	$240,119	$210,677	$695,634	$64,830	$327,625	$30,067
8	Total Nursing Facility Days As Filed Days = 25,620	FY24 Audited C/R Days	25,620									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,620	FY24 GL-PL Ins Rpt Days								25,620		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$185.00	$104.03	$0.00	$19.73	$17.60	*(with L&H)*	$27.15	$2.53	$12.79	$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1992**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.75	$0.00	$19.73	$17.60		$27.15	$2.53	$12.79	$1.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$164.82	$86.75	$0.00	$19.73	$17.60		$27.15	$2.53	9.89 *(FRV)*	$1.17
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$164.82	$86.75	$0.00	$19.73	$17.60	$0.00	$27.15	$2.53	$9.89	$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7056**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$147.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$226.03	$147.96	$0.00	$19.73	$17.60	$0.00	$27.15	$2.53	$9.89	$1.17
	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	$3.70	$3.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.44	$4.44								
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	$26.77	$8.67	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$252.80**	**$156.63**	**$0.00**	**$19.95**	**$18.01**	**$0.00**	**$44.62**	**$2.53**	**$9.89**	**$1.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.78**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THOMSON HEALTH AND REHABILITATION**
Prvdr ID: **00143261A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.63%	2.5%
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:	1.2997	1.4173
Quarterly Medicaid CMI:	1.4824	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5121	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,587,915	$4,208,517	$0	$835,621	$540,956	$389,120	$928,277		$685,424	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($236,741)	($35,530)	$0	$0	$0	$0	($137,529)		($63,682)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$146,676		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$63,682
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,561,532	$4,172,987	$0	$835,621	$540,956	$389,120	$790,748	$146,676	$621,742	$63,682
8	Total Nursing Facility Days As Filed Days = 37,175	FY24 Audited C/R Days	37,175									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,175	FY24 GL-PL Ins Rpt Days								37,175		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$203.40	$112.25	$0.00	$22.48	$25.02	*(with L&H)*	$21.27	$3.95	$16.72	$1.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2997**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.36	$0.00	$22.48	$25.02		$21.27	$3.95	$16.72	$1.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$172.12	$86.36	$0.00	$22.48	$25.02		$21.27	$3.95	11.33 *(FRV)*	$1.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$172.12	$86.36	$0.00	$22.48	$25.02	$0.00	$21.27	$3.95	$11.33	$1.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5121**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$130.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$216.34	$130.58	$0.00	$22.48	$25.02	$0.00	$21.27	$3.95	$11.33	$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	$3.26	$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.92	$3.92								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.81	$7.71	$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	**$242.15**	**$138.29**	**$0.00**	**$22.70**	**$25.43**	**$0.00**	**$38.74**	**$3.95**	**$11.33**	**$1.71**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.79**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **REHABILITATION CENTER OF SOUTH GEORGIA**
Prvdr ID: **00143283A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.41%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.84	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3976	1.4173
Quarterly Medicaid CMI:	1.4421	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.4710	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,890,597	$6,249,028	$0	$1,191,542	$900,570	$525,538	$1,375,219		$648,700	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($277,930)	($3,076)	$0	$0	$0	$5	($182,521)		($92,338)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$165,043		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$92,338
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,870,048	$6,245,952	$0	$1,191,542	$900,570	$525,543	$1,192,698	$165,043	$556,362	$92,338
8	Total Nursing Facility Days As Filed Days = 45,236	FY24 Audited C/R Days	45,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,236	FY24 GL-PL Ins Rpt Days								45,236		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$240.30	$138.07	$0.00	$26.34	$31.53	*(with L&H)*	$26.37	$3.65	$12.30	$2.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3976**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$98.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.79	$0.00	$26.34	$31.53		$26.37	$3.65	$12.30	$2.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.66	$98.79	$0.00	$26.34	$31.53		$26.37	$3.65	11.94 *(FRV)*	$2.04
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$200.66	$98.79	$0.00	$26.34	$31.53	$0.00	$26.37	$3.65	$11.94	$2.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4710**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$145.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$247.19	$145.32	$0.00	$26.34	$31.53	$0.00	$26.37	$3.65	$11.94	$2.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.63	$3.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.27	$7.27								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.53	$11.43	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$276.72**	**$156.75**	**$0.00**	**$26.56**	**$31.94**	**$0.00**	**$43.84**	**$3.65**	**$11.94**	**$2.04**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$194.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARBORVIEW TIFTON**
Prvdr ID: **00143294A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.23%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.18	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6719	1.4173
Quarterly Medicaid CMI:	1.9975	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.0375	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,421,314	$3,395,238	$0	$528,979	$326,508	$290,296	$1,226,349		$1,653,944	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($340,910)	($138,515)	$0	$0	$0	($725)	($144,032)		($57,638)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$148,230		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$57,638
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,286,272	$3,256,723	$0	$528,979	$326,508	$289,571	$1,082,317	$148,230	$1,596,306	$57,638
8	Total Nursing Facility Days As Filed Days = 31,472	FY24 Audited C/R Days	31,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,472	FY24 GL-PL Ins Rpt Days								31,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$231.52	$103.48	$0.00	$16.81	$19.58	*(with L&H)*	$34.39	$4.71	$50.72	$1.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6719**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$61.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.89	$0.00	$16.81	$19.58		$34.39	$4.71	$50.72	$1.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$151.25	$61.89	$0.00	$16.81	$19.58		$34.39	$4.71	12.04 *(FRV)*	$1.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$151.25	$61.89	$0.00	$16.81	$19.58	$0.00	$34.39	$4.71	$12.04	$1.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.0375**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$215.46	$126.10	$0.00	$16.81	$19.58	$0.00	$34.39	$4.71	$12.04	$1.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.31	$6.31								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.94	$6.84	$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	**$240.40**	**$132.94**	**$0.00**	**$17.03**	**$19.99**	**$0.00**	**$51.86**	**$4.71**	**$12.04**	**$1.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$167.48**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - TOCCOA**
Prvdr ID: **00143305A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.99%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.25	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3753	1.4173
Quarterly Medicaid CMI:	1.5533	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5844	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,711,728	$4,915,543	$0	$781,394	$436,860	$732,308	$1,637,294		$208,329	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($687,577)	($60,330)	$0	($875)	$608	($278)	($568,995)		($57,707)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$652,763		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$62,805
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,739,719	$4,855,213	$0	$780,519	$437,468	$732,030	$1,068,299	$652,763	$150,622	$62,805
8	Total Nursing Facility Days As Filed Days = 38,926	FY24 Audited C/R Days	38,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,926	FY24 GL-PL Ins Rpt Days								38,926		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$224.51	$124.73	$0.00	$20.05	$30.04	*(with L&H)*	$27.44	$16.77	$3.87	$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3753**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$90.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.70	$0.00	$20.05	$30.04		$27.44	$16.77	$3.87	$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.96	$90.70	$0.00	$20.05	$30.04		$27.44	$16.77	8.35 *(FRV)*	$1.61
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$194.96	$90.70	$0.00	$20.05	$30.04	$0.00	$27.44	$16.77	$8.35	$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5844**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$247.97	$143.71	$0.00	$20.05	$30.04	$0.00	$27.44	$16.77	$8.35	$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)	$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	$1.44	$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.19	$7.19								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.26	$9.16	$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	**$275.23**	**$152.87**	**$0.00**	**$20.27**	**$30.45**	**$0.00**	**$44.91**	**$16.77**	**$8.35**	**$1.61**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.60**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **OXLEY PARK HEALTH AND REHABILITATION**
Prvdr ID: **00143316A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.73%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3603	1.4173
Quarterly Medicaid CMI:	1.2067	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2308	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,545,497	$3,796,650	$0	$875,511	$424,576	$330,273	$1,286,888		$1,831,599	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($122,537)	$0	$0	$0	($1,750)	($1,361)	($81,120)		($38,306)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$81,120		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$38,148
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,542,228	$3,796,650	$0	$875,511	$422,826	$328,912	$1,205,768	$81,120	$1,793,293	$38,148
8	Total Nursing Facility Days As Filed Days = 28,828	FY24 Audited C/R Days	28,828									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,828	FY24 GL-PL Ins Rpt Days								28,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$296.32	$131.70	$0.00	$30.37	$26.08	*(with L&H)*	$41.83	$2.81	$62.21	$1.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3603**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$96.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$96.82	$0.00	$30.37	$26.08		$41.83	$2.81	$62.21	$1.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$214.93	$96.82	$0.00	$30.37	$26.08		$39.61	$2.81	17.92 *(FRV)*	$1.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$214.93	$96.82	$0.00	$30.37	$26.08	$0.00	$39.61	$2.81	$17.92	$1.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2308**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$119.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$237.28	$119.17	$0.00	$30.37	$26.08	$0.00	$39.61	$2.81	$17.92	$1.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.19	$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.96	$5.96								
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	$25.41	$7.68	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$262.69**	**$126.85**	**$0.00**	**$30.59**	**$26.49**	**$0.00**	**$56.71**	**$2.81**	**$17.92**	**$1.32**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.19**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - PEAKE**
Prvdr ID: **00143327A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.56%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.25	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5062	1.4173
Quarterly Medicaid CMI:	1.6257	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6582	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,031,578	$5,811,605	$0	$788,281	$537,390	$899,168	$1,566,320		$428,814	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($574,968)	($117,735)	$0	$0	$1,461	$3,237	($346,889)		($115,042)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$441,934		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$117,257
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,015,801	$5,693,870	$0	$788,281	$538,851	$902,405	$1,219,431	$441,934	$313,772	$117,257
8	Total Nursing Facility Days As Filed Days = 42,387	FY24 Audited C/R Days	42,387									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,387	FY24 GL-PL Ins Rpt Days								42,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$236.30	$134.33	$0.00	$18.60	$34.00	*(with L&H)*	$28.77	$10.43	$7.40	$2.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5062**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$89.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.18	$0.00	$18.60	$34.00		$28.77	$10.43	$7.40	$2.77
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.29	$89.18	$0.00	$18.60	$34.00		$28.77	$10.43	16.54 *(FRV)*	$2.77
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$200.29	$89.18	$0.00	$18.60	$34.00	$0.00	$28.77	$10.43	$16.54	$2.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6582**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$147.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$258.99	$147.88	$0.00	$18.60	$34.00	$0.00	$28.77	$10.43	$16.54	$2.77
	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	$3.70	$3.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.39	$7.39								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.72	$11.62	$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	**$288.71**	**$159.50**	**$0.00**	**$18.82**	**$34.41**	**$0.00**	**$46.24**	**$10.43**	**$16.54**	**$2.77**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.71**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CHATUGE REGIONAL NURSING HOME**
Prvdr ID: **00143338A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.46%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.24	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3298	1.4173
Quarterly Medicaid CMI:	1.3037	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3298	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,401,842	$5,255,693	$0	$1,611,361	$708,441	$937,942	$1,584,486		$303,919	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($84,886)	$42,146	$0	$0	($7,457)	($9,874)	($109,701)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,316,956	$5,297,839	$0	$1,611,361	$700,984	$928,068	$1,474,785	$0	$303,919	$0
8	Total Nursing Facility Days As Filed Days = 34,881	FY24 Audited C/R Days	34,881									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,881	FY24 GL-PL Ins Rpt Days								34,881		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$295.77	$151.88	$0.00	$46.20	$46.70	*(with L&H)*	$42.28	$0.00	$8.71	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3298**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$114.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$114.21	$0.00	$46.20	$46.70		$42.28	$0.00	$8.71	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$245.15	$114.21	$0.00	$41.20	$35.91		$39.61	$0.00	14.22 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$245.15	$114.21	$0.00	$41.20	$35.91	$0.00	$39.61	$0.00	$14.22	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3298**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$151.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$282.82	$151.88	$0.00	$41.20	$35.91	$0.00	$39.61	$0.00	$14.22	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.80	$3.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.56	$4.56								
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	$25.99	$8.89	$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	**$308.81**	**$160.77**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$56.71**	**$0.00**	**$14.22**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$218.78**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **TREUTLEN COUNTY HEALTH AND REHABILITATION**
Prvdr ID: **00143349A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.21%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.31	7.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3834	1.4173
Quarterly Medicaid CMI:	1.4300	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4586	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,386,906	$2,111,570	$0	$568,941	$251,731	$253,850	$859,850		$340,964	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($52,190)	$0	$0	$0	$0	$0	($39,000)		($13,190)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$39,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$13,190
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,386,906	$2,111,570	$0	$568,941	$251,731	$253,850	$820,850	$39,000	$327,774	$13,190
8	Total Nursing Facility Days As Filed Days = 17,529	FY24 Audited C/R Days	17,529									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,529	FY24 GL-PL Ins Rpt Days								17,529		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$250.26	$120.46	$0.00	$32.46	$28.84	*(with L&H)*	$46.83	$2.22	$18.70	$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3834**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$87.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.07	$0.00	$32.46	$28.84		$46.83	$2.22	$18.70	$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.69	$87.07	$0.00	$31.73	$28.84		$39.61	$2.22	18.47 *(FRV)*	$0.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$208.69	$87.07	$0.00	$31.73	$28.84	$0.00	$39.61	$2.22	$18.47	$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4586**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$127.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.62	$127.00	$0.00	$31.73	$28.84	$0.00	$39.61	$2.22	$18.47	$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.94	$0.53	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.18	$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.89	$8.89								
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	$30.11	$12.60	$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	**$278.73**	**$139.60**	**$0.00**	**$31.73**	**$29.25**	**$0.00**	**$56.71**	**$2.22**	**$18.47**	**$0.75**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$196.22**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BERRIEN OAKS NURSING AND REHAB CENTER**
Prvdr ID: **00143382A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.49%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.74	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3828	1.4173
Quarterly Medicaid CMI:	1.6345	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6672	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,048,733	$3,689,759	$0	$834,610	$318,849	$366,227	$1,102,860		$736,428	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($196,656)	($43,700)	$0	($1,900)	$0	$1,900	($106,187)		($46,769)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$143,945		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$46,769
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,042,791	$3,646,059	$0	$832,710	$318,849	$368,127	$996,673	$143,945	$689,659	$46,769
8	Total Nursing Facility Days As Filed Days = 31,813	FY24 Audited C/R Days	31,813									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,813	FY24 GL-PL Ins Rpt Days								31,813		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$221.38	$114.61	$0.00	$26.18	$21.59	*(with L&H)*	$31.33	$4.52	$21.68	$1.47
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3828**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.88	$0.00	$26.18	$21.59		$31.33	$4.52	$21.68	$1.47
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.76	$82.88	$0.00	$26.18	$21.59		$31.33	$4.52	17.79 *(FRV)*	$1.47
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$185.76	$82.88	$0.00	$26.18	$21.59	$0.00	$31.33	$4.52	$17.79	$1.47
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6672**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$138.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$241.06	$138.18	$0.00	$26.18	$21.59	$0.00	$31.33	$4.52	$17.79	$1.47
	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	$3.45	$3.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.76	$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.84	$6.74	$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	**$265.90**	**$144.92**	**$0.00**	**$26.40**	**$22.00**	**$0.00**	**$48.80**	**$4.52**	**$17.79**	**$1.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$186.60**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **TWIN OAKS CONVALESCENT CENTER**
Prvdr ID: **00143393A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.31%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.23	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3923	1.4173
Quarterly Medicaid CMI:	1.3359	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3626	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,163,150	$4,376,731	$0	$1,465,527	$561,184	$588,973	$1,621,177		$549,558	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($155,996)	($36,663)	$0	$0	$3,624	$3,803	($94,321)		($32,439)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$130,984		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$32,647
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,170,785	$4,340,068	$0	$1,465,527	$564,808	$592,776	$1,526,856	$130,984	$517,119	$32,647
8	Total Nursing Facility Days As Filed Days = 25,888	FY24 Audited C/R Days	25,888									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,888	FY24 GL-PL Ins Rpt Days								25,888		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$354.26	$167.65	$0.00	$56.61	$44.72	*(with L&H)*	$58.98	$5.06	$19.98	$1.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3923**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$120.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$120.41	$0.00	$56.61	$44.72		$58.98	$5.06	$19.98	$1.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$265.49	$120.41	$0.00	$41.20	$35.91		$39.61	$5.06	22.04 *(FRV)*	$1.26
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$265.49	$120.41	$0.00	$41.20	$35.91	$0.00	$39.61	$5.06	$22.04	$1.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3626**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$164.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$309.15	$164.07	$0.00	$41.20	$35.91	$0.00	$39.61	$5.06	$22.04	$1.26
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.44	$0.44	$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	$1.64	$1.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.56	$6.56								
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	$25.74	$8.64	$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	**$334.89**	**$172.71**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$56.71**	**$5.06**	**$22.04**	**$1.26**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$238.34**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **UNION COUNTY NURSING HOME**
Prvdr ID: **00143415A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	52.63%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3462	1.4173
Quarterly Medicaid CMI:	1.3014	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3275	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,339,323	$6,431,679	$0	$1,149,886	$821,170	$831,125	$1,557,418		$548,045	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($123,629)	$0	$0	$0	($12,528)	($12,680)	($98,421)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$98,421		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,314,115	$6,431,679	$0	$1,149,886	$808,642	$818,445	$1,458,997	$98,421	$548,045	$0
8	Total Nursing Facility Days As Filed Days = 35,928	FY24 Audited C/R Days	35,928									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,928	FY24 GL-PL Ins Rpt Days								35,928		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$314.92	$179.02	$0.00	$32.01	$45.29	*(with L&H)*	$40.61	$2.74	$15.25	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3462**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$132.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$132.98	$0.00	$32.01	$45.29		$40.61	$2.74	$15.25	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$245.32	$121.00	$0.00	$32.01	$35.91		$39.61	$2.74	14.05 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$245.32	$121.00	$0.00	$32.01	$35.91	$0.00	$39.61	$2.74	$14.05	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3275**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$160.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$284.95	$160.63	$0.00	$32.01	$35.91	$0.00	$39.61	$2.74	$14.05	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$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	$8.83	$8.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.82	$4.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$30.97	$13.65	$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	**$315.92**	**$174.28**	**$0.00**	**$32.23**	**$35.91**	**$0.00**	**$56.71**	**$2.74**	**$14.05**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$224.12**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - RICHMOND, LLC**
Prvdr ID: **00143426A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.59%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.70	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5346	1.4173
Quarterly Medicaid CMI:	1.5683	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5997	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,550,144	$3,997,399	$0	$524,015	$409,504	$922,791	$1,061,686		$634,749	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($309,723)	($79,988)	$0	($1,972)	($953)	($222)	($212,144)		($14,444)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$121,814		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$79,586
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,441,821	$3,917,411	$0	$522,043	$408,551	$922,569	$849,542	$121,814	$620,305	$79,586
8	Total Nursing Facility Days As Filed Days = 21,803	FY24 Audited C/R Days	21,809									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,803	FY24 GL-PL Ins Rpt Days								21,809		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$341.23	$179.62	$0.00	$23.94	$61.04	*(with L&H)*	$38.95	$5.59	$28.44	$3.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5346**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$117.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$117.05	$0.00	$23.94	$61.04		$38.95	$5.59	$28.44	$3.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$248.37	$117.05	$0.00	$23.94	$35.91		$38.95	$5.59	23.28 *(FRV)*	$3.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$248.37	$117.05	$0.00	$23.94	$35.91	$0.00	$38.95	$5.59	$23.28	$3.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5997**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$187.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$318.56	$187.24	$0.00	$23.94	$35.91	$0.00	$38.95	$5.59	$23.28	$3.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.68	$4.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.36	$9.36								
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	$32.26	$14.57	$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	**$350.82**	**$201.81**	**$0.00**	**$24.16**	**$35.91**	**$0.00**	**$56.42**	**$5.59**	**$23.28**	**$3.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$250.29**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CHULIO HILLS HEALTH AND REHAB**
Prvdr ID: **00143437A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.75%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.87	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6716	1.4173
Quarterly Medicaid CMI:	1.6280	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6606	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,185,890	$5,827,065	$0	$809,967	$348,308	$354,413	$1,155,413		$690,724	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($204,826)	($74,707)	$0	$0	$5,681	$5,997	($101,928)		($39,869)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$150,246		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$46,433
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,177,743	$5,752,358	$0	$809,967	$353,989	$360,410	$1,053,485	$150,246	$650,855	$46,433
8	Total Nursing Facility Days As Filed Days = 25,815	FY24 Audited C/R Days	25,815									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,815	FY24 GL-PL Ins Rpt Days								25,815		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$355.52	$222.83	$0.00	$31.38	$27.67	*(with L&H)*	$40.81	$5.82	$25.21	$1.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6716**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$133.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$133.30	$0.00	$31.38	$27.67		$40.81	$5.82	$25.21	$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$241.24	$121.00	$0.00	$31.38	$27.67		$39.61	$5.82	13.96 *(FRV)*	$1.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$241.24	$121.00	$0.00	$31.38	$27.67	$0.00	$39.61	$5.82	$13.96	$1.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6606**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$200.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$321.17	$200.93	$0.00	$31.38	$27.67	$0.00	$39.61	$5.82	$13.96	$1.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.63	$0.00	$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	$2.01	$2.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.03	$6.03								
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	$25.77	$8.04	$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	**$346.94**	**$208.97**	**$0.00**	**$31.60**	**$28.08**	**$0.00**	**$56.71**	**$5.82**	**$13.96**	**$1.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$247.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WAYCROSS HEALTH AND REHABILITATION**
Prvdr ID: **00143459A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.29%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2838	1.4173
Quarterly Medicaid CMI:	1.3700	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3974	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,567,929	$2,881,410	$0	$636,798	$288,229	$324,184	$1,038,585		$398,723	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($111,841)	$0	$0	$0	$0	$0	($71,760)		($40,081)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$71,760		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$40,081
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,567,929	$2,881,410	$0	$636,798	$288,229	$324,184	$966,825	$71,760	$358,642	$40,081
8	Total Nursing Facility Days As Filed Days = 22,364	FY24 Audited C/R Days	22,364									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,364	FY24 GL-PL Ins Rpt Days								22,364		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$248.96	$128.84	$0.00	$28.47	$27.38	*(with L&H)*	$43.23	$3.21	$16.04	$1.79
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2838**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$100.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.36	$0.00	$28.47	$27.38		$43.23	$3.21	$16.04	$1.79
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.73	$100.36	$0.00	$28.47	$27.38		$39.61	$3.21	9.91 *(FRV)*	$1.79
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$210.73	$100.36	$0.00	$28.47	$27.38	$0.00	$39.61	$3.21	$9.91	$1.79
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3974**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$140.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$250.61	$140.24	$0.00	$28.47	$27.38	$0.00	$39.61	$3.21	$9.91	$1.79
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.40	$1.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.01	$7.01								
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	$26.67	$8.94	$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	**$277.28**	**$149.18**	**$0.00**	**$28.69**	**$27.79**	**$0.00**	**$56.71**	**$3.21**	**$9.91**	**$1.79**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.14**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WASHINGTON CO EXTENDED CARE FACILITY**
Prvdr ID: **00143481A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.91%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.79	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4305	1.4173
Quarterly Medicaid CMI:	1.2983	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.3243	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,373,126	$3,030,362	$0	$716,189	$252,430	$252,748	$967,721		$153,676	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($30,769)	$0	$0	$0	$0	$0	($21,555)		($9,214)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$21,555		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$9,214
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,373,126	$3,030,362	$0	$716,189	$252,430	$252,748	$946,166	$21,555	$144,462	$9,214
8	Total Nursing Facility Days As Filed Days = 20,926	FY24 Audited C/R Days	20,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,926	FY24 GL-PL Ins Rpt Days								20,926		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$256.75	$144.81	$0.00	$34.22	$24.14	*(with L&H)*	$45.21	$1.03	$6.90	$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4305**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$101.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.23	$0.00	$34.22	$24.14		$45.21	$1.03	$6.90	$0.44
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$216.09	$101.23	$0.00	$34.22	$24.14		$39.61	$1.03	15.42 *(FRV)*	$0.44
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$216.09	$101.23	$0.00	$34.22	$24.14	$0.00	$39.61	$1.03	$15.42	$0.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3243**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$134.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.92	$134.06	$0.00	$34.22	$24.14	$0.00	$39.61	$1.03	$15.42	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.35	$3.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.68	$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.29	$6.56	$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	**$273.21**	**$140.62**	**$0.00**	**$34.44**	**$24.55**	**$0.00**	**$56.71**	**$1.03**	**$15.42**	**$0.44**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.08**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WESTBURY CENTER OF CONYERS FOR NURSING AND HEALING**
Prvdr ID: **00143503A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.82%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.20	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4641	1.4173
Quarterly Medicaid CMI:	1.5051	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.5352	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,882,845	$6,083,434	$0	$989,071	$550,962	$597,935	$2,286,092		$2,375,351	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($633,705)	($271,642)	$0	($950)	$140	($10,110)	($258,992)		($92,151)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$377,041		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$83,386
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,709,567	$5,811,792	$0	$988,121	$551,102	$587,825	$2,027,100	$377,041	$2,283,200	$83,386
8	Total Nursing Facility Days As Filed Days = 55,324	FY24 Audited C/R Days	55,324									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,324	FY24 GL-PL Ins Rpt Days								55,324		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.74	$105.05	$0.00	$17.86	$20.59	*(with L&H)*	$36.64	$6.82	$41.27	$1.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4641**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$71.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.75	$0.00	$17.86	$20.59		$36.64	$6.82	$41.27	$1.51
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$168.48	$71.75	$0.00	$17.86	$20.59		$36.64	$6.82	13.31 *(FRV)*	$1.51
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$168.48	$71.75	$0.00	$17.86	$20.59	$0.00	$36.64	$6.82	$13.31	$1.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5352**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$110.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$206.88	$110.15	$0.00	$17.86	$20.59	$0.00	$36.64	$6.82	$13.31	$1.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.75	$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.51	$5.51								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.89	$8.79	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$233.77**	**$118.94**	**$0.00**	**$18.08**	**$21.00**	**$0.00**	**$54.11**	**$6.82**	**$13.31**	**$1.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$162.50**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WESTBURY CENTER OF JACKSON FOR NURSING AND HEALING**
Prvdr ID: **00143514A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.46%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.13	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5329	1.4173
Quarterly Medicaid CMI:	1.6403	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6731	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$16,137,809	$7,980,673	$0	$1,126,421	$543,465	$498,147	$2,669,661		$3,319,442	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($810,127)	($568,343)	$0	($414)	($3,652)	($14,862)	($131,548)		($91,308)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$381,705		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$79,586
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$15,788,973	$7,412,330	$0	$1,126,007	$539,813	$483,285	$2,538,113	$381,705	$3,228,134	$79,586
8	Total Nursing Facility Days As Filed Days = 66,926	FY24 Audited C/R Days	66,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,926	FY24 GL-PL Ins Rpt Days								66,926		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$235.90	$110.75	$0.00	$16.82	$15.29	*(with L&H)*	$37.92	$5.70	$48.23	$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5329**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$72.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.25	$0.00	$16.82	$15.29		$37.92	$5.70	$48.23	$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$162.94	$72.25	$0.00	$16.82	$15.29		$37.92	$5.70	13.77 *(FRV)*	$1.19
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$162.94	$72.25	$0.00	$16.82	$15.29	$0.00	$37.92	$5.70	$13.77	$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6731**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$120.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$211.57	$120.88	$0.00	$16.82	$15.29	$0.00	$37.92	$5.70	$13.77	$1.19
	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	$3.02	$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.25	$7.25								
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	$28.90	$10.80	$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	**$240.47**	**$131.68**	**$0.00**	**$17.04**	**$15.70**	**$0.00**	**$55.39**	**$5.70**	**$13.77**	**$1.19**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$167.53**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WESTBURY CENTER OF MCDONOUGH FOR NURSING & HEALING**
Prvdr ID: **00143525A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.23%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4922	1.4173
Quarterly Medicaid CMI:	1.4740	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5034	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,898,197	$5,682,748	$0	$937,221	$533,446	$539,576	$2,104,600		$3,100,606	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($639,531)	($410,715)	$0	$0	($2,928)	($15,266)	($107,357)		($103,265)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$354,994		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$57,592
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,671,252	$5,272,033	$0	$937,221	$530,518	$524,310	$1,997,243	$354,994	$2,997,341	$57,592
8	Total Nursing Facility Days As Filed Days = 49,816	FY24 Audited C/R Days	49,816									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,816	FY24 GL-PL Ins Rpt Days								49,816		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$254.36	$105.83	$0.00	$18.81	$21.17	*(with L&H)*	$40.09	$7.13	$60.17	$1.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4922**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$70.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$70.92	$0.00	$18.81	$21.17		$40.09	$7.13	$60.17	$1.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$171.16	$70.92	$0.00	$18.81	$21.17		$39.61	$7.13	12.36 *(FRV)*	$1.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$171.16	$70.92	$0.00	$18.81	$21.17	$0.00	$39.61	$7.13	$12.36	$1.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5034**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$106.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$206.86	$106.62	$0.00	$18.81	$21.17	$0.00	$39.61	$7.13	$12.36	$1.16
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.86	$5.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.33	$5.33								
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	$29.45	$11.72	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$236.31**	**$118.34**	**$0.00**	**$19.03**	**$21.58**	**$0.00**	**$56.71**	**$7.13**	**$12.36**	**$1.16**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$164.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - SEASIDE**
Prvdr ID: **00143536A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.51%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.39	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5688	1.4173
Quarterly Medicaid CMI:	1.5337	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5643	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,009,239	$3,709,908	$0	$667,603	$216,284	$415,697	$1,137,272		$862,475	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($321,712)	($102,977)	$0	($329)	$14	$4	($191,032)		($27,392)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$293,644		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$60,285
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,041,456	$3,606,931	$0	$667,274	$216,298	$415,701	$946,240	$293,644	$835,083	$60,285
8	Total Nursing Facility Days As Filed Days = 26,844	FY24 Audited C/R Days	26,844									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,844	FY24 GL-PL Ins Rpt Days								26,844		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$262.32	$134.37	$0.00	$24.86	$23.54	*(with L&H)*	$35.25	$10.94	$31.11	$2.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5688**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$85.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.65	$0.00	$24.86	$23.54		$35.25	$10.94	$31.11	$2.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$212.64	$85.65	$0.00	$24.86	$23.54		$35.25	$10.94	30.15 *(FRV)*	$2.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$212.64	$85.65	$0.00	$24.86	$23.54	$0.00	$35.25	$10.94	$30.15	$2.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5643**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$133.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$260.97	$133.98	$0.00	$24.86	$23.54	$0.00	$35.25	$10.94	$30.15	$2.25
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.35	$3.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.36	$5.36								
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	$27.34	$9.24	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$288.31**	**$143.22**	**$0.00**	**$25.08**	**$23.95**	**$0.00**	**$52.72**	**$10.94**	**$30.15**	**$2.25**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WILDWOOD HEALTH AND REHAB**
Prvdr ID: **00143547A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	50.00%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2536	1.4173
Quarterly Medicaid CMI:	1.6700	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7034	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,120,846	$1,568,961	$0	$363,773	$169,122	$226,981	$564,560		$227,449	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($52,700)	($1,507)	$0	$0	($322)	($430)	($23,927)		($26,514)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$26,465
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,094,611	$1,567,454	$0	$363,773	$168,800	$226,551	$540,633	$0	$200,935	$26,465
8	Total Nursing Facility Days As Filed Days = 14,576	FY24 Audited C/R Days	14,576									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,576	FY24 GL-PL Ins Rpt Days								14,576		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$212.32	$107.54	$0.00	$24.96	$27.12	*(with L&H)*	$37.09	$0.00	$13.79	$1.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2536**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$85.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.79	$0.00	$24.96	$27.12		$37.09	$0.00	$13.79	$1.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$189.63	$85.79	$0.00	$24.96	$27.12		$37.09	$0.00	12.85 *(FRV)*	$1.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$189.63	$85.79	$0.00	$24.96	$27.12	$0.00	$37.09	$0.00	$12.85	$1.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7034**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$146.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$249.97	$146.13	$0.00	$24.96	$27.12	$0.00	$37.09	$0.00	$12.85	$1.82
	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	$8.04	$8.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.38	$4.38								
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	$31.05	$12.95	$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	**$281.02**	**$159.08**	**$0.00**	**$25.18**	**$27.53**	**$0.00**	**$54.56**	**$0.00**	**$12.85**	**$1.82**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.94**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **Southland Healthcare and Rehab Center**
Prvdr ID: **00143558A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.52%	0.0%
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:	1.3321	1.4173
Quarterly Medicaid CMI:	1.8283	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.8649	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,663,444	$3,018,817	$0	$509,866	$271,800	$302,214	$935,052		$625,695	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($335,890)	($68,206)	$0	$344	$666	$303	($235,021)		($33,976)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$78,120		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$32,731
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,438,405	$2,950,611	$0	$510,210	$272,466	$302,517	$700,031	$78,120	$591,719	$32,731
8	Total Nursing Facility Days As Filed Days = 27,223	FY24 Audited C/R Days	27,248									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,223	FY24 GL-PL Ins Rpt Days								27,248		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$199.59	$108.29	$0.00	$18.72	$21.10	*(with L&H)*	$25.69	$2.87	$21.72	$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3321**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.30	$0.00	$18.72	$21.10		$25.69	$2.87	$21.72	$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$161.63	$81.30	$0.00	$18.72	$21.10		$25.69	$2.87	10.75 *(FRV)*	$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$161.63	$81.30	$0.00	$18.72	$21.10	$0.00	$25.69	$2.87	$10.75	$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8649**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$151.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.95	$151.62	$0.00	$18.72	$21.10	$0.00	$25.69	$2.87	$10.75	$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.03	$3.03								
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	$21.66	$3.56	$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	**$253.61**	**$155.18**	**$0.00**	**$18.94**	**$21.51**	**$0.00**	**$43.16**	**$2.87**	**$10.75**	**$1.20**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - WASHINGTON**
Prvdr ID: **00143569A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.82%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.14	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4030	1.4173
Quarterly Medicaid CMI:	1.4757	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5052	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,646,094	$1,823,137	$0	$411,911	$197,380	$456,740	$658,631		$98,295	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($193,037)	($165,152)	$0	$0	($401)	$0	$693		($28,177)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$169,960		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$28,859
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,651,876	$1,657,985	$0	$411,911	$196,979	$456,740	$659,324	$169,960	$70,118	$28,859
8	Total Nursing Facility Days As Filed Days = 15,977	FY24 Audited C/R Days	15,977									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,977	FY24 GL-PL Ins Rpt Days								15,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.58	$103.77	$0.00	$25.78	$40.92	*(with L&H)*	$41.27	$10.64	$4.39	$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4030**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$73.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$73.96	$0.00	$25.78	$40.92		$41.27	$10.64	$4.39	$1.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$199.08	$73.96	$0.00	$25.78	$35.91		$39.61	$10.64	11.37 *(FRV)*	$1.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$199.08	$73.96	$0.00	$25.78	$35.91	$0.00	$39.61	$10.64	$11.37	$1.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5052**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$236.44	$111.32	$0.00	$25.78	$35.91	$0.00	$39.61	$10.64	$11.37	$1.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.78	$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.57	$5.57								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.20	$8.88	$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	**$262.64**	**$120.20**	**$0.00**	**$26.00**	**$35.91**	**$0.00**	**$56.71**	**$10.64**	**$11.37**	**$1.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.16**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WRIGHTSVILLE MANOR HEALTH AND REHAB**
Prvdr ID: **00143602A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.14%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3716	1.4173
Quarterly Medicaid CMI:	1.5749	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.6064	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,955,797	$3,234,854	$0	$644,944	$272,158	$347,544	$834,244		$622,053	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($136,716)	($75,562)	$0	$0	$0	$0	($24,306)		($36,848)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$73,880		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$36,848
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,929,809	$3,159,292	$0	$644,944	$272,158	$347,544	$809,938	$73,880	$585,205	$36,848
8	Total Nursing Facility Days As Filed Days = 29,315	FY24 Audited C/R Days	29,315									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,315	FY24 GL-PL Ins Rpt Days								29,315		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$202.28	$107.77	$0.00	$22.00	$21.14	*(with L&H)*	$27.63	$2.52	$19.96	$1.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3716**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.57	$0.00	$22.00	$21.14		$27.63	$2.52	$19.96	$1.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$168.46	$78.57	$0.00	$22.00	$21.14		$27.63	$2.52	15.34 *(FRV)*	$1.26
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$168.46	$78.57	$0.00	$22.00	$21.14	$0.00	$27.63	$2.52	$15.34	$1.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6064**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$216.10	$126.21	$0.00	$22.00	$21.14	$0.00	$27.63	$2.52	$15.34	$1.26
	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	$3.16	$3.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.79	$3.79								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.58	$7.48	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$241.68**	**$133.69**	**$0.00**	**$22.22**	**$21.55**	**$0.00**	**$45.10**	**$2.52**	**$15.34**	**$1.26**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HERITAGE INN OF BARNESVILLE HEALTH AND REHAB**
Prvdr ID: **00143613A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.54%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.01	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2615	1.4173
Quarterly Medicaid CMI:	1.3027	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3288	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,267,614	$4,328,870	$0	$856,526	$441,298	$389,015	$1,367,604		$884,301	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($159,471)	$0	$0	$0	$0	$0	($121,080)		($38,391)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$91,260		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$38,391
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,237,794	$4,328,870	$0	$856,526	$441,298	$389,015	$1,246,524	$91,260	$845,910	$38,391
8	Total Nursing Facility Days As Filed Days = 34,406	FY24 Audited C/R Days	34,406									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,406	FY24 GL-PL Ins Rpt Days								34,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$239.43	$125.82	$0.00	$24.89	$24.13	*(with L&H)*	$36.23	$2.65	$24.59	$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2615**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$99.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.74	$0.00	$24.89	$24.13		$36.23	$2.65	$24.59	$1.12
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$198.73	$99.74	$0.00	$24.89	$24.13		$36.23	$2.65	9.97 *(FRV)*	$1.12
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$198.73	$99.74	$0.00	$24.89	$24.13	$0.00	$36.23	$2.65	$9.97	$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3288**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$132.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.52	$132.53	$0.00	$24.89	$24.13	$0.00	$36.23	$2.65	$9.97	$1.12
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$3.31	$3.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.63	$6.63								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.57	$10.47	$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	**$260.09**	**$143.00**	**$0.00**	**$25.11**	**$24.54**	**$0.00**	**$53.70**	**$2.65**	**$9.97**	**$1.12**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$182.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - LITHONIA, LLC**
Prvdr ID: **00143701A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.37%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.62	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4142	1.4173
Quarterly Medicaid CMI:	1.4719	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5014	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,787,742	$5,939,399	$0	$1,157,102	$645,928	$845,479	$1,754,581		$445,253	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($385,412)	$0	$0	$0	$0	$0	($235,302)		($150,110)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$141,960		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$150,110
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,694,400	$5,939,399	$0	$1,157,102	$645,928	$845,479	$1,519,279	$141,960	$295,143	$150,110
8	Total Nursing Facility Days As Filed Days = 46,591	FY24 Audited C/R Days	46,591									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,591	FY24 GL-PL Ins Rpt Days								46,591		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.54	$127.48	$0.00	$24.84	$32.01	*(with L&H)*	$32.61	$3.05	$6.33	$3.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4142**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$90.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.14	$0.00	$24.84	$32.01		$32.61	$3.05	$6.33	$3.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$201.60	$90.14	$0.00	$24.84	$32.01		$32.61	$3.05	15.73 *(FRV)*	$3.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$201.60	$90.14	$0.00	$24.84	$32.01	$0.00	$32.61	$3.05	$15.73	$3.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5014**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$135.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$246.80	$135.34	$0.00	$24.84	$32.01	$0.00	$32.61	$3.05	$15.73	$3.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.38	$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.77	$6.77								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.78	$10.68	$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	**$275.58**	**$146.02**	**$0.00**	**$25.06**	**$32.42**	**$0.00**	**$50.08**	**$3.05**	**$15.73**	**$3.22**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.86**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - LILBURN**
Prvdr ID: **00145527A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.47%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.20	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5254	1.4173
Quarterly Medicaid CMI:	1.6310	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6636	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,665,286	$5,276,162	$0	$991,375	$456,919	$994,285	$1,591,107		$355,438	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($646,918)	($138,102)	$0	($331)	($1,479)	$7,071	($437,908)		($76,169)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$548,583		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$66,027
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,632,978	$5,138,060	$0	$991,044	$455,440	$1,001,356	$1,153,199	$548,583	$279,269	$66,027
8	Total Nursing Facility Days As Filed Days = 41,178	FY24 Audited C/R Days	41,177									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,178	FY24 GL-PL Ins Rpt Days								41,177		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.94	$124.78	$0.00	$24.07	$35.38	*(with L&H)*	$28.01	$13.32	$6.78	$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5254**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$81.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.80	$0.00	$24.07	$35.38		$28.01	$13.32	$6.78	$1.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.51	$81.80	$0.00	$24.07	$35.38		$28.01	$13.32	10.33 *(FRV)*	$1.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$194.51	$81.80	$0.00	$24.07	$35.38	$0.00	$28.01	$13.32	$10.33	$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6636**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$136.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.79	$136.08	$0.00	$24.07	$35.38	$0.00	$28.01	$13.32	$10.33	$1.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.52	$0.53	$0.00	$0.22	$0.40	$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	$1.36	$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.80	$6.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.78	$8.69	$0.00	$0.22	$0.40	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$275.57**	**$144.77**	**$0.00**	**$24.29**	**$35.78**	**$0.00**	**$45.48**	**$13.32**	**$10.33**	**$1.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.85**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **QUINTON MEM HC & REHAB CENTER**
Prvdr ID: **00150279A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.67%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	6.98	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2589	1.4173
Quarterly Medicaid CMI:	1.3202	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3466	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,654,820	$4,871,613	$0	$803,225	$393,457	$427,873	$1,741,968		$416,684	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($230,033)	($31,339)	$0	$190	($2,816)	$25,196	($198,821)		($22,443)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$169,675		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$22,282
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,616,744	$4,840,274	$0	$803,415	$390,641	$453,069	$1,543,147	$169,675	$394,241	$22,282
8	Total Nursing Facility Days As Filed Days = 30,334	FY24 Audited C/R Days	30,334									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,334	FY24 GL-PL Ins Rpt Days								30,334		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$284.06	$159.57	$0.00	$26.49	$27.81	*(with L&H)*	$50.87	$5.59	$13.00	$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2589**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$126.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$126.76	$0.00	$26.49	$27.81		$50.87	$5.59	$13.00	$0.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$243.86	$121.00	$0.00	$26.49	$27.81		$39.61	$5.59	22.63 *(FRV)*	$0.73
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$243.86	$121.00	$0.00	$26.49	$27.81	$0.00	$39.61	$5.59	$22.63	$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3466**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$162.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$285.80	$162.94	$0.00	$26.49	$27.81	$0.00	$39.61	$5.59	$22.63	$0.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.63	$0.00	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.89	$4.89								
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	$22.62	$4.89	$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	**$308.42**	**$167.83**	**$0.00**	**$26.71**	**$28.22**	**$0.00**	**$56.71**	**$5.59**	**$22.63**	**$0.73**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$218.49**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CHRISTIAN CITY REHABILITATION CENTER**
Prvdr ID: **00158034A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.75%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.78	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4410	1.4173
Quarterly Medicaid CMI:	1.5496	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5806	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$15,888,674	$8,818,312	$0	$1,735,965	$834,557	$840,520	$2,800,670		$858,650	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($787,131)	($188,549)	$0	$0	($2,797)	($4,274)	($524,560)		($66,951)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$723,819		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$67,420
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$15,892,782	$8,629,763	$0	$1,735,965	$831,760	$836,246	$2,276,110	$723,819	$791,699	$67,420
8	Total Nursing Facility Days As Filed Days = 65,789	FY24 Audited C/R Days	65,789									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,789	FY24 GL-PL Ins Rpt Days								65,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$241.56	$131.17	$0.00	$26.39	$25.35	*(with L&H)*	$34.60	$11.00	$12.03	$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4410**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.03	$0.00	$26.39	$25.35		$34.60	$11.00	$12.03	$1.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$209.54	$91.03	$0.00	$26.39	$25.35		$34.60	$11.00	20.15 *(FRV)*	$1.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$209.54	$91.03	$0.00	$26.39	$25.35	$0.00	$34.60	$11.00	$20.15	$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5806**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$262.39	$143.88	$0.00	$26.39	$25.35	$0.00	$34.60	$11.00	$20.15	$1.02
	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	$3.60	$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.19	$7.19								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.42	$11.32	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$291.81**	**$155.20**	**$0.00**	**$26.61**	**$25.76**	**$0.00**	**$52.07**	**$11.00**	**$20.15**	**$1.02**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.03**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **DECATUR CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00159266A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.51%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.56	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6183	1.4173
Quarterly Medicaid CMI:	1.6686	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7020	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,860,358	$5,755,384	$0	$948,431	$517,311	$465,688	$1,963,041		$3,210,503	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($422,913)	($208,464)	$0	($1,461)	($7,073)	($17,249)	($90,443)		($98,223)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$264,391		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$96,879
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,798,715	$5,546,920	$0	$946,970	$510,238	$448,439	$1,872,598	$264,391	$3,112,280	$96,879
8	Total Nursing Facility Days As Filed Days = 43,372	FY24 Audited C/R Days	43,372									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,372	FY24 GL-PL Ins Rpt Days								43,372		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$295.09	$127.89	$0.00	$21.83	$22.10	*(with L&H)*	$43.18	$6.10	$71.76	$2.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6183**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$79.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.03	$0.00	$21.83	$22.10		$43.18	$6.10	$71.76	$2.23
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$183.04	$79.03	$0.00	$21.83	$22.10		$39.61	$6.10	12.14 *(FRV)*	$2.23
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$183.04	$79.03	$0.00	$21.83	$22.10	$0.00	$39.61	$6.10	$12.14	$2.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7020**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$134.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$238.52	$134.51	$0.00	$21.83	$22.10	$0.00	$39.61	$6.10	$12.14	$2.23
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.36	$3.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.73	$6.73								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.35	$10.62	$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	**$266.87**	**$145.13**	**$0.00**	**$22.05**	**$22.51**	**$0.00**	**$56.71**	**$6.10**	**$12.14**	**$2.23**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$187.33**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HART CARE CENTER**
Prvdr ID: **00167857A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.24%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.86	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3675	1.4173
Quarterly Medicaid CMI:	1.5250	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5555	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,682,103	$2,947,739	$0	$600,177	$217,820	$247,018	$565,944		$103,405	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($112,580)	$0	$0	$0	$0	$0	($60,046)		($52,534)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$60,046		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$52,534
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,682,103	$2,947,739	$0	$600,177	$217,820	$247,018	$505,898	$60,046	$50,871	$52,534
8	Total Nursing Facility Days As Filed Days = 22,954	FY24 Audited C/R Days	22,954									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,954	FY24 GL-PL Ins Rpt Days								22,954		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$203.99	$128.42	$0.00	$26.15	$20.25	*(with L&H)*	$22.04	$2.62	$2.22	$2.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3675**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$93.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.91	$0.00	$26.15	$20.25		$22.04	$2.62	$2.22	$2.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$176.37	$93.91	$0.00	$26.15	$20.25		$22.04	$2.62	9.11 *(FRV)*	$2.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$176.37	$93.91	$0.00	$26.15	$20.25	$0.00	$22.04	$2.62	$9.11	$2.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5555**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$146.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$228.54	$146.08	$0.00	$26.15	$20.25	$0.00	$22.04	$2.62	$9.11	$2.29
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.65	$3.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.38	$4.38								
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	$26.66	$8.56	$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	**$255.20**	**$154.64**	**$0.00**	**$26.37**	**$20.66**	**$0.00**	**$39.51**	**$2.62**	**$9.11**	**$2.29**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$178.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PARKSIDE POST ACUTE AND REHABILITATION**
Prvdr ID: **00169199A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.54%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.53	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3310	1.4173
Quarterly Medicaid CMI:	1.4642	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4935	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$14,421,521	$7,558,348	$0	$1,356,408	$604,857	$810,549	$2,245,638		$1,845,721	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($628,533)	($108,562)	$0	$0	($4,621)	($6,192)	($366,075)		($143,083)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$386,579		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$141,990
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$14,321,557	$7,449,786	$0	$1,356,408	$600,236	$804,357	$1,879,563	$386,579	$1,702,638	$141,990
8	Total Nursing Facility Days As Filed Days = 55,892	FY24 Audited C/R Days	55,892									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,892	FY24 GL-PL Ins Rpt Days								55,892		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$256.24	$133.29	$0.00	$24.27	$25.13	*(with L&H)*	$33.63	$6.92	$30.46	$2.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3310**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$100.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.14	$0.00	$24.27	$25.13		$33.63	$6.92	$30.46	$2.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$209.21	$100.14	$0.00	$24.27	$25.13		$33.63	$6.92	16.58 *(FRV)*	$2.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$209.21	$100.14	$0.00	$24.27	$25.13	$0.00	$33.63	$6.92	$16.58	$2.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4935**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$149.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$258.63	$149.56	$0.00	$24.27	$25.13	$0.00	$33.63	$6.92	$16.58	$2.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.74	$3.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.98	$5.98								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.35	$10.25	$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	**$286.98**	**$159.81**	**$0.00**	**$24.49**	**$25.54**	**$0.00**	**$51.10**	**$6.92**	**$16.58**	**$2.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WOODSTOCK CENTER FOR NURSING AND HEALLING LLC**
Prvdr ID: **00171212A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.69%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.16	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4642	1.4173
Quarterly Medicaid CMI:	1.4859	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5156	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,896,648	$7,290,605	$0	$914,594	$412,866	$568,224	$1,904,320		$1,806,039	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($549,480)	($613,171)	$0	$0	$0	($63,708)	$254,772		($127,373)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$45,387		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$127,373
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,519,928	$6,677,434	$0	$914,594	$412,866	$504,516	$2,159,092	$45,387	$1,678,666	$127,373
8	Total Nursing Facility Days As Filed Days = 45,007	FY24 Audited C/R Days	45,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,007	FY24 GL-PL Ins Rpt Days								45,007		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$278.17	$148.36	$0.00	$20.32	$20.38	*(with L&H)*	$47.97	$1.01	$37.30	$2.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4642**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$101.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.32	$0.00	$20.32	$20.38		$47.97	$1.01	$37.30	$2.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.13	$101.32	$0.00	$20.32	$20.38		$39.61	$1.01	11.66 *(FRV)*	$2.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$197.13	$101.32	$0.00	$20.32	$20.38	$0.00	$39.61	$1.01	$11.66	$2.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5156**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$249.37	$153.56	$0.00	$20.32	$20.38	$0.00	$39.61	$1.01	$11.66	$2.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.84	$3.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.14	$6.14								
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	$28.24	$10.51	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$277.61**	**$164.07**	**$0.00**	**$20.54**	**$20.79**	**$0.00**	**$56.71**	**$1.01**	**$11.66**	**$2.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **FAIRBURN HEIGHTS OF JOURNEY LLC**
Prvdr ID: **00173071A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.42%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.90	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4626	1.4173
Quarterly Medicaid CMI:	2.0361	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.0768	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,734,823	$4,113,433	$0	$850,613	$388,106	$281,913	$1,353,035		$1,747,723	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($503,419)	($93,674)	$0	$0	$0	$0	($345,167)		($64,578)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$138,374		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$64,578
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,434,356	$4,019,759	$0	$850,613	$388,106	$281,913	$1,007,868	$138,374	$1,683,145	$64,578
8	Total Nursing Facility Days As Filed Days = 37,732	FY24 Audited C/R Days	37,732									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,732	FY24 GL-PL Ins Rpt Days								37,732		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$223.53	$106.53	$0.00	$22.54	$17.76	*(with L&H)*	$26.71	$3.67	$44.61	$1.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4626**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$72.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.84	$0.00	$22.54	$17.76		$26.71	$3.67	$44.61	$1.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$156.40	$72.84	$0.00	$22.54	$17.76		$26.71	$3.67	11.17 *(FRV)*	$1.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$156.40	$72.84	$0.00	$22.54	$17.76	$0.00	$26.71	$3.67	$11.17	$1.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.0768**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$151.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.83	$151.27	$0.00	$22.54	$17.76	$0.00	$26.71	$3.67	$11.17	$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 = 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	$4.54	$4.54								
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	**$258.00**	**$156.34**	**$0.00**	**$22.76**	**$18.17**	**$0.00**	**$44.18**	**$3.67**	**$11.17**	**$1.71**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$180.68**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - SCENIC VIEW**
Prvdr ID: **00178307A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.73	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4335	1.4173
Quarterly Medicaid CMI:	1.4653	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4946	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,725,101	$5,474,795	$0	$744,953	$425,720	$1,100,686	$1,546,291		$432,656	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($648,995)	($179,846)	$0	$0	$0	$0	($379,464)		($89,685)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$534,979		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$84,144
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,695,229	$5,294,949	$0	$744,953	$425,720	$1,100,686	$1,166,827	$534,979	$342,971	$84,144
8	Total Nursing Facility Days As Filed Days = 41,896	FY24 Audited C/R Days	41,896									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,896	FY24 GL-PL Ins Rpt Days								41,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$231.41	$126.38	$0.00	$17.78	$36.43	*(with L&H)*	$27.85	$12.77	$8.19	$2.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4335**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$88.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.16	$0.00	$17.78	$36.43		$27.85	$12.77	$8.19	$2.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.55	$88.16	$0.00	$17.78	$35.91		$27.85	$12.77	10.07 *(FRV)*	$2.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$194.55	$88.16	$0.00	$17.78	$35.91	$0.00	$27.85	$12.77	$10.07	$2.01
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		$131.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$238.15	$131.76	$0.00	$17.78	$35.91	$0.00	$27.85	$12.77	$10.07	$2.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$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	$1.32	$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.59	$6.59								
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	$26.13	$8.44	$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	**$264.28**	**$140.20**	**$0.00**	**$18.00**	**$35.91**	**$0.00**	**$45.32**	**$12.77**	**$10.07**	**$2.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$185.39**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - MARIETTA**
Prvdr ID: **00202507A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.09%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.87	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3596	1.4173
Quarterly Medicaid CMI:	1.4430	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4719	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,405,826	$4,272,154	$0	$781,995	$353,647	$557,437	$1,410,234		$1,030,359	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($521,410)	($65,433)	$0	($2,050)	($197)	$1,400	($348,073)		($107,057)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$429,959		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$109,158
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,423,533	$4,206,721	$0	$779,945	$353,450	$558,837	$1,062,161	$429,959	$923,302	$109,158
8	Total Nursing Facility Days As Filed Days = 36,158	FY24 Audited C/R Days	36,158									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,158	FY24 GL-PL Ins Rpt Days								36,158		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$232.97	$116.34	$0.00	$21.57	$25.23	*(with L&H)*	$29.38	$11.89	$25.54	$3.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3596**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$85.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.57	$0.00	$21.57	$25.23		$29.38	$11.89	$25.54	$3.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$193.55	$85.57	$0.00	$21.57	$25.23		$29.38	$11.89	16.89 *(FRV)*	$3.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$193.55	$85.57	$0.00	$21.57	$25.23	$0.00	$29.38	$11.89	$16.89	$3.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4719**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$125.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.93	$125.95	$0.00	$21.57	$25.23	$0.00	$29.38	$11.89	$16.89	$3.02
	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	$1.26	$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.04	$5.04								
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	$24.93	$6.83	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$258.86**	**$132.78**	**$0.00**	**$21.79**	**$25.64**	**$0.00**	**$46.85**	**$11.89**	**$16.89**	**$3.02**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.32**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GORDON HEALTH AND REHABILITATION**
Prvdr ID: **00202848A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.53%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3641	1.4173
Quarterly Medicaid CMI:	1.3248	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3513	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,751,989	$4,333,707	$0	$981,067	$366,846	$455,911	$1,566,155		$1,048,303	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($238,233)	$0	$0	$0	$0	$0	($195,551)		($42,682)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$91,260		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$42,682
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,647,698	$4,333,707	$0	$981,067	$366,846	$455,911	$1,370,604	$91,260	$1,005,621	$42,682
8	Total Nursing Facility Days As Filed Days = 38,557	FY24 Audited C/R Days	38,557									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,557	FY24 GL-PL Ins Rpt Days								38,557		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$224.29	$112.40	$0.00	$25.44	$21.34	*(with L&H)*	$35.55	$2.37	$26.08	$1.11
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3641**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.40	$0.00	$25.44	$21.34		$35.55	$2.37	$26.08	$1.11
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.22	$82.40	$0.00	$25.44	$21.34		$35.55	$2.37	14.01 *(FRV)*	$1.11
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$182.22	$82.40	$0.00	$25.44	$21.34	$0.00	$35.55	$2.37	$14.01	$1.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3513**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$211.17	$111.35	$0.00	$25.44	$21.34	$0.00	$35.55	$2.37	$14.01	$1.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.57	$5.57								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.20	$6.10	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$235.37**	**$117.45**	**$0.00**	**$25.66**	**$21.75**	**$0.00**	**$53.02**	**$2.37**	**$14.01**	**$1.11**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$163.70**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PEACHTREE NURSING & REHABILITATION LLC**
Prvdr ID: **00207083A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.22%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.00	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2641	1.4173
Quarterly Medicaid CMI:	1.3399	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3667	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$21,153,645	$10,724,206	$0	$1,575,968	$1,931,025	$1,456,415	$4,500,411		$965,620	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($70,496)	$0	$0	$0	$0	$0	($70,496)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$70,496		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$21,153,645	$10,724,206	$0	$1,575,968	$1,931,025	$1,456,415	$4,429,915	$70,496	$965,620	$0
8	Total Nursing Facility Days As Filed Days = 40,152	FY24 Audited C/R Days	40,152									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,152	FY24 GL-PL Ins Rpt Days								40,152		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$526.85	$267.09	$0.00	$39.25	$84.37	*(with L&H)*	$110.33	$1.76	$24.05	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2641**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$211.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$211.28	$0.00	$39.25	$84.37		$110.33	$1.76	$24.05	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$257.56	$121.00	$0.00	$39.25	$35.91		$39.61	$1.76	20.03 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$257.56	$121.00	$0.00	$39.25	$35.91	$0.00	$39.61	$1.76	$20.03	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3667**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$165.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$301.93	$165.37	$0.00	$39.25	$35.91	$0.00	$39.61	$1.76	$20.03	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$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	$1.65	$1.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.96	$4.96								
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	$23.93	$6.61	$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	**$325.86**	**$171.98**	**$0.00**	**$39.47**	**$35.91**	**$0.00**	**$56.71**	**$1.76**	**$20.03**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$231.57**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MURRY WOODS OF JOURNEY LLC**
Prvdr ID: **00209778A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.82%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.18	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6531	1.4173
Quarterly Medicaid CMI:	2.1815	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.2252	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,429,949	$4,612,645	$0	$931,589	$570,820	$322,946	$1,010,367		$3,981,582	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($222,391)	($36,505)	$0	$0	$0	$0	($120,058)		($65,828)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$154,976		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$65,828
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,428,362	$4,576,140	$0	$931,589	$570,820	$322,946	$890,309	$154,976	$3,915,754	$65,828
8	Total Nursing Facility Days As Filed Days = 41,639	FY24 Audited C/R Days	41,639									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,639	FY24 GL-PL Ins Rpt Days								41,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$274.45	$109.90	$0.00	$22.37	$21.46	*(with L&H)*	$21.38	$3.72	$94.04	$1.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6531**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$66.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$66.48	$0.00	$22.37	$21.46		$21.38	$3.72	$94.04	$1.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$147.82	$66.48	$0.00	$22.37	$21.46		$21.38	$3.72	10.83 *(FRV)*	$1.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$147.82	$66.48	$0.00	$22.37	$21.46	$0.00	$21.38	$3.72	$10.83	$1.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.2252**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$147.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$229.27	$147.93	$0.00	$22.37	$21.46	$0.00	$21.38	$3.72	$10.83	$1.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$3.70	$3.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.44	$4.44								
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	$26.77	$8.67	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$256.04**	**$156.60**	**$0.00**	**$22.59**	**$21.87**	**$0.00**	**$38.85**	**$3.72**	**$10.83**	**$1.58**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.21**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HIGH SHOALS HEALTH AND REHABILITATION**
Prvdr ID: **00212814A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.65%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.02	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2805	1.4173
Quarterly Medicaid CMI:	1.3362	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3629	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,789,154	$2,842,398	$0	$701,642	$248,775	$475,003	$1,252,189		$269,147	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($115,739)	$0	$0	$0	$0	$0	($80,355)		($35,384)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$80,355		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$35,384
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,789,154	$2,842,398	$0	$701,642	$248,775	$475,003	$1,171,834	$80,355	$233,763	$35,384
8	Total Nursing Facility Days As Filed Days = 27,286	FY24 Audited C/R Days	27,286									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,286	FY24 GL-PL Ins Rpt Days								27,286		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$212.17	$104.17	$0.00	$25.71	$26.53	*(with L&H)*	$42.95	$2.94	$8.57	$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2805**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$81.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.35	$0.00	$25.71	$26.53		$42.95	$2.94	$8.57	$1.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.56	$81.35	$0.00	$25.71	$26.53		$39.61	$2.94	20.12 *(FRV)*	$1.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$197.56	$81.35	$0.00	$25.71	$26.53	$0.00	$39.61	$2.94	$20.12	$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3629**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$110.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.08	$110.87	$0.00	$25.71	$26.53	$0.00	$39.61	$2.94	$20.12	$1.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$2.77	$2.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.54	$5.54								
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	$26.57	$8.84	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$253.65**	**$119.71**	**$0.00**	**$25.93**	**$26.94**	**$0.00**	**$56.71**	**$2.94**	**$20.12**	**$1.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - FORT OGLETHORPE**
Prvdr ID: **00214695A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.85%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.75	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2625	1.4173
Quarterly Medicaid CMI:	1.5040	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5341	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,508,830	$4,428,947	$0	$750,785	$385,074	$572,327	$1,201,284		$170,413	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($472,505)	($102,566)	$0	($875)	($99)	$875	($329,327)		($40,513)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$433,579		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$37,208
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,507,112	$4,326,381	$0	$749,910	$384,975	$573,202	$871,957	$433,579	$129,900	$37,208
8	Total Nursing Facility Days As Filed Days = 36,908	FY24 Audited C/R Days	36,908									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,908	FY24 GL-PL Ins Rpt Days								36,908		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$203.41	$117.22	$0.00	$20.32	$25.96	*(with L&H)*	$23.63	$11.75	$3.52	$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2625**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$92.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.85	$0.00	$20.32	$25.96		$23.63	$11.75	$3.52	$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$186.57	$92.85	$0.00	$20.32	$25.96		$23.63	$11.75	11.05 *(FRV)*	$1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$186.57	$92.85	$0.00	$20.32	$25.96	$0.00	$23.63	$11.75	$11.05	$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5341**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$236.16	$142.44	$0.00	$20.32	$25.96	$0.00	$23.63	$11.75	$11.05	$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.42	$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.12	$7.12								
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	$27.17	$9.07	$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	**$263.33**	**$151.51**	**$0.00**	**$20.54**	**$26.37**	**$0.00**	**$41.10**	**$11.75**	**$11.05**	**$1.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.67**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - EVANS, LLC**
Prvdr ID: **00219359A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.99%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.62	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4667	1.4173
Quarterly Medicaid CMI:	1.5900	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6218	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,018,809	$5,973,450	$0	$762,785	$416,879	$797,973	$1,286,839		$780,883	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($442,340)	($125,985)	$0	($2,483)	($1,713)	$1,162	($292,469)		($20,852)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$180,566		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$93,498
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,850,533	$5,847,465	$0	$760,302	$415,166	$799,135	$994,370	$180,566	$760,031	$93,498
8	Total Nursing Facility Days As Filed Days = 33,990	FY24 Audited C/R Days	34,351									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,990	FY24 GL-PL Ins Rpt Days								34,351		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$286.77	$170.23	$0.00	$22.13	$35.35	*(with L&H)*	$28.95	$5.26	$22.13	$2.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4667**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$116.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$116.06	$0.00	$22.13	$35.35		$28.95	$5.26	$22.13	$2.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$229.63	$116.06	$0.00	$22.13	$35.35		$28.95	$5.26	19.16 *(FRV)*	$2.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$229.63	$116.06	$0.00	$22.13	$35.35	$0.00	$28.95	$5.26	$19.16	$2.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6218**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$188.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$301.80	$188.23	$0.00	$22.13	$35.35	$0.00	$28.95	$5.26	$19.16	$2.72
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.88	$1.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.41	$9.41								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.92	$11.82	$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	**$331.72**	**$200.05**	**$0.00**	**$22.35**	**$35.76**	**$0.00**	**$46.42**	**$5.26**	**$19.16**	**$2.72**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$235.97**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **COMER HEALTH AND REHABILITATION**
Prvdr ID: **00220448A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.85%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	7.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2786	1.4173
Quarterly Medicaid CMI:	1.2932	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3191	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,392,076	$3,278,913	$0	$789,778	$334,909	$403,109	$1,342,447		$242,920	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($145,010)	($13,601)	$0	($2,112)	$0	$0	($111,024)		($18,273)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$90,480		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$18,273
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,355,819	$3,265,312	$0	$787,666	$334,909	$403,109	$1,231,423	$90,480	$224,647	$18,273
8	Total Nursing Facility Days As Filed Days = 27,885	FY24 Audited C/R Days	27,885									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,885	FY24 GL-PL Ins Rpt Days								27,885		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$227.94	$117.10	$0.00	$28.25	$26.47	*(with L&H)*	$44.16	$3.24	$8.06	$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2786**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.59	$0.00	$28.25	$26.47		$44.16	$3.24	$8.06	$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.33	$91.59	$0.00	$28.25	$26.47		$39.61	$3.24	14.51 *(FRV)*	$0.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$204.33	$91.59	$0.00	$28.25	$26.47	$0.00	$39.61	$3.24	$14.51	$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3191**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$120.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.56	$120.82	$0.00	$28.25	$26.47	$0.00	$39.61	$3.24	$14.51	$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.02	$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.46	$8.46								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.74	$12.01	$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	**$263.30**	**$132.83**	**$0.00**	**$28.47**	**$26.88**	**$0.00**	**$56.71**	**$3.24**	**$14.51**	**$0.66**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.65**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GLENWOOD HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00220514A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.88%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.53	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6409	1.4173
Quarterly Medicaid CMI:	1.8243	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.8608	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$16,510,712	$7,807,463	$0	$1,192,149	$802,752	$761,054	$2,181,044		$3,766,250	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($1,010,956)	($471,058)	$0	($10,674)	($6,850)	($27,458)	($372,698)		($122,218)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$118,549
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$15,618,305	$7,336,405	$0	$1,181,475	$795,902	$733,596	$1,808,346	$0	$3,644,032	$118,549
8	Total Nursing Facility Days As Filed Days = 75,510	FY24 Audited C/R Days	75,484									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 75,510	FY24 GL-PL Ins Rpt Days								75,484		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$206.91	$97.19	$0.00	$15.65	$20.26	*(with L&H)*	$23.96	$0.00	$48.28	$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6409**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$59.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$59.23	$0.00	$15.65	$20.26		$23.96	$0.00	$48.28	$1.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$129.35	$59.23	$0.00	$15.65	$20.26		$23.96	$0.00	8.68 *(FRV)*	$1.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$129.35	$59.23	$0.00	$15.65	$20.26	$0.00	$23.96	$0.00	$8.68	$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8608**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$110.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$180.34	$110.22	$0.00	$15.65	$20.26	$0.00	$23.96	$0.00	$8.68	$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	$2.76	$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.51	$5.51								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.90	$8.80	$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	**$207.24**	**$119.02**	**$0.00**	**$15.87**	**$20.67**	**$0.00**	**$41.43**	**$0.00**	**$8.68**	**$1.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$142.61**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BLOSSOM HEALTHCARE & REHABILITATION CENTER**
Prvdr ID: **00222582A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.85%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.28	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4704	1.4173
Quarterly Medicaid CMI:	1.6239	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.6564	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,671,020	$3,322,850	$0	$695,962	$340,629	$395,100	$1,027,106		$889,373	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($139,461)	($54,562)	$0	($2,681)	$0	$2,681	($57,844)		($27,055)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$87,875		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$27,055
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,646,489	$3,268,288	$0	$693,281	$340,629	$397,781	$969,262	$87,875	$862,318	$27,055
8	Total Nursing Facility Days As Filed Days = 29,044	FY24 Audited C/R Days	29,044									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,044	FY24 GL-PL Ins Rpt Days								29,044		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.84	$112.53	$0.00	$23.87	$25.42	*(with L&H)*	$33.37	$3.03	$29.69	$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4704**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$76.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.53	$0.00	$23.87	$25.42		$33.37	$3.03	$29.69	$0.93
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$174.25	$76.53	$0.00	$23.87	$25.42		$33.37	$3.03	11.10 *(FRV)*	$0.93
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$174.25	$76.53	$0.00	$23.87	$25.42	$0.00	$33.37	$3.03	$11.10	$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6564**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$224.48	$126.76	$0.00	$23.87	$25.42	$0.00	$33.37	$3.03	$11.10	$0.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.17	$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.80	$3.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.60	$7.50	$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	**$250.08**	**$134.26**	**$0.00**	**$24.09**	**$25.83**	**$0.00**	**$50.84**	**$3.03**	**$11.10**	**$0.93**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$174.74**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **EATONTON HEALTH AND REHABILITATION**
Prvdr ID: **00223473A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.56%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2229	1.4173
Quarterly Medicaid CMI:	1.2533	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2784	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,711,320	$2,712,060	$0	$563,008	$260,452	$455,930	$1,058,885		$660,985	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($100,673)	$0	$0	$0	$0	$0	($75,053)		($25,620)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$75,053		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$25,620
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,711,320	$2,712,060	$0	$563,008	$260,452	$455,930	$983,832	$75,053	$635,365	$25,620
8	Total Nursing Facility Days As Filed Days = 20,006	FY24 Audited C/R Days	20,006									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,006	FY24 GL-PL Ins Rpt Days								20,006		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$285.48	$135.56	$0.00	$28.14	$35.81	*(with L&H)*	$49.18	$3.75	$31.76	$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2229**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$110.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.85	$0.00	$28.14	$35.81		$49.18	$3.75	$31.76	$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$233.02	$110.85	$0.00	$28.14	$35.81		$39.61	$3.75	13.58 *(FRV)*	$1.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$233.02	$110.85	$0.00	$28.14	$35.81	$0.00	$39.61	$3.75	$13.58	$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2784**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$141.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$263.88	$141.71	$0.00	$28.14	$35.81	$0.00	$39.61	$3.75	$13.58	$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.82	$0.53	$0.00	$0.22	$0.07	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.54	$3.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.09	$7.09								
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	$28.55	$11.16	$0.00	$0.22	$0.07	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$292.43**	**$152.87**	**$0.00**	**$28.36**	**$35.88**	**$0.00**	**$56.71**	**$3.75**	**$13.58**	**$1.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.50**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CHESTNUT RIDGE NSG & REHAB CTR**
Prvdr ID: **00228049A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.91%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4793	1.4173
Quarterly Medicaid CMI:	1.5015	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5315	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,084,376	$6,850,018	$0	$1,030,260	$465,289	$373,852	$1,706,541		$1,658,416	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($101,819)	($271,400)	$0	$0	$0	$0	$222,834		($53,253)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$41,434		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$53,253
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,077,244	$6,578,618	$0	$1,030,260	$465,289	$373,852	$1,929,375	$41,434	$1,605,163	$53,253
8	Total Nursing Facility Days As Filed Days = 48,893	FY24 Audited C/R Days	48,893									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,893	FY24 GL-PL Ins Rpt Days								48,893		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.01	$134.55	$0.00	$21.07	$17.16	*(with L&H)*	$39.46	$0.85	$32.83	$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4793**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$90.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.95	$0.00	$21.07	$17.16		$39.46	$0.85	$32.83	$1.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$181.15	$90.95	$0.00	$21.07	$17.16		$39.46	$0.85	10.57 *(FRV)*	$1.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$181.15	$90.95	$0.00	$21.07	$17.16	$0.00	$39.46	$0.85	$10.57	$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5315**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$139.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$229.49	$139.29	$0.00	$21.07	$17.16	$0.00	$39.46	$0.85	$10.57	$1.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.27	$0.53	$0.00	$0.22	$0.41	$0.00	$0.11		$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	$2.79	$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.16	$3.32	$0.00	$0.22	$0.41	$0.00	$17.21	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$250.65**	**$142.61**	**$0.00**	**$21.29**	**$17.57**	**$0.00**	**$56.67**	**$0.85**	**$10.57**	**$1.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.16**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **EAST COBB CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00236211A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	13.16%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.96	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4762	1.4173
Quarterly Medicaid CMI:	1.5913	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6231	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,298,341	$5,966,017	$0	$894,115	$447,521	$444,187	$1,839,067		$2,707,434	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($403,818)	($273,178)	$0	$336	($213)	($12,511)	($14,302)		($103,950)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$241,065		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$103,872
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,239,460	$5,692,839	$0	$894,451	$447,308	$431,676	$1,824,765	$241,065	$2,603,484	$103,872
8	Total Nursing Facility Days As Filed Days = 39,590	FY24 Audited C/R Days	39,590									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,590	FY24 GL-PL Ins Rpt Days								39,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$309.14	$143.79	$0.00	$22.59	$22.20	*(with L&H)*	$46.09	$6.09	$65.76	$2.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4762**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.41	$0.00	$22.59	$22.20		$46.09	$6.09	$65.76	$2.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.30	$97.41	$0.00	$22.59	$22.20		$39.61	$6.09	13.78 *(FRV)*	$2.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$204.30	$97.41	$0.00	$22.59	$22.20	$0.00	$39.61	$6.09	$13.78	$2.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6231**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$158.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.00	$158.11	$0.00	$22.59	$22.20	$0.00	$39.61	$6.09	$13.78	$2.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.91	$7.91								
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	$26.17	$8.44	$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	**$291.17**	**$166.55**	**$0.00**	**$22.81**	**$22.61**	**$0.00**	**$56.71**	**$6.09**	**$13.78**	**$2.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$205.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - SAVANNAH**
Prvdr ID: **00238323A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.68%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.79	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3980	1.4173
Quarterly Medicaid CMI:	1.5092	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5394	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,763,341	$6,431,480	$0	$965,343	$536,593	$850,342	$1,644,668		$2,334,915	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($837,609)	($270,429)	$0	($740)	$7,403	($24,864)	($263,141)		($285,838)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$435,811		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$171,955
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$12,533,498	$6,161,051	$0	$964,603	$543,996	$825,478	$1,381,527	$435,811	$2,049,077	$171,955
8	Total Nursing Facility Days As Filed Days = 44,149	FY24 Audited C/R Days	44,142									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,149	FY24 GL-PL Ins Rpt Days								44,142		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$283.93	$139.57	$0.00	$21.85	$31.02	*(with L&H)*	$31.30	$9.87	$46.42	$3.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3980**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$99.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.84	$0.00	$21.85	$31.02		$31.30	$9.87	$46.42	$3.90
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$228.48	$99.84	$0.00	$21.85	$31.02		$31.30	$9.87	30.70 *(FRV)*	$3.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$228.48	$99.84	$0.00	$21.85	$31.02	$0.00	$31.30	$9.87	$30.70	$3.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5394**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$282.33	$153.69	$0.00	$21.85	$31.02	$0.00	$31.30	$9.87	$30.70	$3.90
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.84	$3.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.15	$6.15								
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	$28.62	$10.52	$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	**$310.95**	**$164.21**	**$0.00**	**$22.07**	**$31.43**	**$0.00**	**$48.77**	**$9.87**	**$30.70**	**$3.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$220.39**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RESORTS AT POOLER INC**
Prvdr ID: **00238741A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.67%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.08	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4079	1.4173
Quarterly Medicaid CMI:	1.5435	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5744	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,801,874	$4,261,460	$0	$777,972	$269,120	$448,490	$1,539,246		$505,586	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($845,247)	($276,851)	$0	($86,250)	$0	$0	($401,919)		($80,227)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$236,847		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$71,300
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,264,774	$3,984,609	$0	$691,722	$269,120	$448,490	$1,137,327	$236,847	$425,359	$71,300
8	Total Nursing Facility Days As Filed Days = 27,167	FY24 Audited C/R Days	27,167									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,167	FY24 GL-PL Ins Rpt Days								27,167		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$267.40	$146.67	$0.00	$25.46	$26.41	*(with L&H)*	$41.86	$8.72	$15.66	$2.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4079**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$104.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$104.18	$0.00	$25.46	$26.41		$41.86	$8.72	$15.66	$2.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$216.71	$104.18	$0.00	$25.46	$26.41		$39.61	$8.72	9.71 *(FRV)*	$2.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$216.71	$104.18	$0.00	$25.46	$26.41	$0.00	$39.61	$8.72	$9.71	$2.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5744**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$164.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$276.55	$164.02	$0.00	$25.46	$26.41	$0.00	$39.61	$8.72	$9.71	$2.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$4.10	$4.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.92	$4.92								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.28	$9.55	$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	**$303.83**	**$173.57**	**$0.00**	**$25.68**	**$26.82**	**$0.00**	**$56.71**	**$8.72**	**$9.71**	**$2.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$215.05**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARBORVIEW HEALTH CENTER OF AUGUSTA**
Prvdr ID: **00241678A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.36%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.79	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6664	1.4173
Quarterly Medicaid CMI:	1.9062	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.9443	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,974,706	$4,753,549	$0	$711,713	$367,843	$451,957	$1,495,058		$1,194,586	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($658,734)	($311,224)	$0	($8,514)	($8,002)	($17,477)	($264,761)		($48,756)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$56,969
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,372,941	$4,442,325	$0	$703,199	$359,841	$434,480	$1,230,297	$0	$1,145,830	$56,969
8	Total Nursing Facility Days As Filed Days = 40,197	FY24 Audited C/R Days	40,191									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,197	FY24 GL-PL Ins Rpt Days								40,191		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$208.33	$110.53	$0.00	$17.50	$19.76	*(with L&H)*	$30.61	$0.00	$28.51	$1.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6664**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$66.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$66.33	$0.00	$17.50	$19.76		$30.61	$0.00	$28.51	$1.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$148.22	$66.33	$0.00	$17.50	$19.76		$30.61	$0.00	12.60 *(FRV)*	$1.42
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$148.22	$66.33	$0.00	$17.50	$19.76	$0.00	$30.61	$0.00	$12.60	$1.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9443**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$128.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$210.86	$128.97	$0.00	$17.50	$19.76	$0.00	$30.61	$0.00	$12.60	$1.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.22	$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.16	$5.16								
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	$27.01	$8.91	$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	**$237.87**	**$137.88**	**$0.00**	**$17.72**	**$20.17**	**$0.00**	**$48.08**	**$0.00**	**$12.60**	**$1.42**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - AUGUSTA HILLS**
Prvdr ID: **00245055A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.27	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4829	1.4173
Quarterly Medicaid CMI:	1.4940	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5239	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,143,498	$3,921,032	$0	$768,106	$381,606	$571,000	$1,245,877		$255,877	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($496,379)	($66,559)	$0	$0	($562)	$0	($374,092)		($55,166)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$454,469		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$52,649
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,154,237	$3,854,473	$0	$768,106	$381,044	$571,000	$871,785	$454,469	$200,711	$52,649
8	Total Nursing Facility Days As Filed Days = 30,700	FY24 Audited C/R Days	30,700									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,700	FY24 GL-PL Ins Rpt Days								30,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.03	$125.55	$0.00	$25.02	$31.01	*(with L&H)*	$28.40	$14.80	$6.54	$1.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4829**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$84.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.66	$0.00	$25.02	$31.01		$28.40	$14.80	$6.54	$1.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.76	$84.66	$0.00	$25.02	$31.01		$28.40	$14.80	10.16 *(FRV)*	$1.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$195.76	$84.66	$0.00	$25.02	$31.01	$0.00	$28.40	$14.80	$10.16	$1.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5239**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$129.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.11	$129.01	$0.00	$25.02	$31.01	$0.00	$28.40	$14.80	$10.16	$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	$3.23	$3.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.45	$6.45								
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	$28.31	$10.21	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$268.42**	**$139.22**	**$0.00**	**$25.24**	**$31.42**	**$0.00**	**$45.87**	**$14.80**	**$10.16**	**$1.71**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$188.49**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - MAGNOLIA MANOR**
Prvdr ID: **00252007A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.95%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.01	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4778	1.4173
Quarterly Medicaid CMI:	1.5352	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5660	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,251,611	$4,167,386	$0	$611,791	$342,437	$1,074,938	$1,275,652		$779,407	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($483,505)	($131,934)	$0	$0	($36)	$9,207	($231,482)		($129,260)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$362,371		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$130,307
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,260,784	$4,035,452	$0	$611,791	$342,401	$1,084,145	$1,044,170	$362,371	$650,147	$130,307
8	Total Nursing Facility Days As Filed Days = 32,895	FY24 Audited C/R Days	32,895									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,895	FY24 GL-PL Ins Rpt Days								32,895		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$251.13	$122.68	$0.00	$18.60	$43.37	*(with L&H)*	$31.74	$11.02	$19.76	$3.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4778**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$83.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.01	$0.00	$18.60	$43.37		$31.74	$11.02	$19.76	$3.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$216.60	$83.01	$0.00	$18.60	$35.91		$31.74	$11.02	32.36 *(FRV)*	$3.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$216.60	$83.01	$0.00	$18.60	$35.91	$0.00	$31.74	$11.02	$32.36	$3.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5660**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$129.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$263.58	$129.99	$0.00	$18.60	$35.91	$0.00	$31.74	$11.02	$32.36	$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)	$1.12	$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	$1.30	$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.50	$6.50								
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	$8.33	$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	**$289.60**	**$138.32**	**$0.00**	**$18.82**	**$35.91**	**$0.00**	**$49.21**	**$11.02**	**$32.36**	**$3.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - DECATUR**
Prvdr ID: **00252942A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.61%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.38	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4410	1.4173
Quarterly Medicaid CMI:	1.5263	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5568	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,181,223	$6,392,768	$0	$1,006,056	$551,819	$809,842	$1,638,017		$782,721	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($661,376)	($113,129)	$0	$0	($4,005)	($5,764)	($396,834)		($141,644)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$528,004		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$107,398
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,155,249	$6,279,639	$0	$1,006,056	$547,814	$804,078	$1,241,183	$528,004	$641,077	$107,398
8	Total Nursing Facility Days As Filed Days = 47,228	FY24 Audited C/R Days	47,228									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,228	FY24 GL-PL Ins Rpt Days								47,228		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$236.18	$132.96	$0.00	$21.30	$28.62	*(with L&H)*	$26.28	$11.18	$13.57	$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4410**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$92.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.27	$0.00	$21.30	$28.62		$26.28	$11.18	$13.57	$2.27
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$199.72	$92.27	$0.00	$21.30	$28.62		$26.28	$11.18	17.80 *(FRV)*	$2.27
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$199.72	$92.27	$0.00	$21.30	$28.62	$0.00	$26.28	$11.18	$17.80	$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5568**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.10	$143.65	$0.00	$21.30	$28.62	$0.00	$26.28	$11.18	$17.80	$2.27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$3.59	$3.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.18	$7.18								
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	$29.40	$11.30	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$280.50**	**$154.95**	**$0.00**	**$21.52**	**$29.03**	**$0.00**	**$43.75**	**$11.18**	**$17.80**	**$2.27**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - LAFAYETTE**
Prvdr ID: **00254394A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.92%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3775	1.4173
Quarterly Medicaid CMI:	1.6331	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6658	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,870,482	$3,777,671	$0	$561,395	$301,381	$632,442	$1,082,353		$515,240	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($400,251)	($126,899)	$0	$0	($201)	$600	($253,094)		($20,657)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$360,967		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$21,597
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,852,795	$3,650,772	$0	$561,395	$301,180	$633,042	$829,259	$360,967	$494,583	$21,597
8	Total Nursing Facility Days As Filed Days = 28,847	FY24 Audited C/R Days	28,847									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,847	FY24 GL-PL Ins Rpt Days								28,847		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$237.57	$126.56	$0.00	$19.46	$32.39	*(with L&H)*	$28.75	$12.51	$17.15	$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3775**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.87	$0.00	$19.46	$32.39		$28.75	$12.51	$17.15	$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.51	$91.87	$0.00	$19.46	$32.39		$28.75	$12.51	10.78 *(FRV)*	$0.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$196.51	$91.87	$0.00	$19.46	$32.39	$0.00	$28.75	$12.51	$10.78	$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6658**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$257.68	$153.04	$0.00	$19.46	$32.39	$0.00	$28.75	$12.51	$10.78	$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.53	$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.65	$7.65								
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	$27.81	$9.71	$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	**$285.49**	**$162.75**	**$0.00**	**$19.68**	**$32.80**	**$0.00**	**$46.22**	**$12.51**	**$10.78**	**$0.75**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$201.29**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - WEST ATLANTA**
Prvdr ID: **00256088A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.22%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.45	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4239	1.4173
Quarterly Medicaid CMI:	1.5355	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5662	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,547,775	$4,630,754	$0	$776,286	$472,155	$798,954	$1,401,614		$468,012	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($490,413)	($108,712)	$0	$0	($300)	$178	($310,025)		($71,554)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$433,759		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$72,835
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,563,956	$4,522,042	$0	$776,286	$471,855	$799,132	$1,091,589	$433,759	$396,458	$72,835
8	Total Nursing Facility Days As Filed Days = 33,222	FY24 Audited C/R Days	33,222									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,222	FY24 GL-PL Ins Rpt Days								33,222		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$257.79	$136.12	$0.00	$23.37	$38.26	*(with L&H)*	$32.86	$13.06	$11.93	$2.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4239**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$95.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.60	$0.00	$23.37	$38.26		$32.86	$13.06	$11.93	$2.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$217.07	$95.60	$0.00	$23.37	$35.91		$32.86	$13.06	14.08 *(FRV)*	$2.19
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$217.07	$95.60	$0.00	$23.37	$35.91	$0.00	$32.86	$13.06	$14.08	$2.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5662**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$149.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$271.20	$149.73	$0.00	$23.37	$35.91	$0.00	$32.86	$13.06	$14.08	$2.19
	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	$1.50	$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.49	$7.49								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.21	$9.52	$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	**$298.41**	**$159.25**	**$0.00**	**$23.59**	**$35.91**	**$0.00**	**$50.33**	**$13.06**	**$14.08**	**$2.19**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$210.98**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BAINBRIDGE LANDING OF JOURNEY LLC**
Prvdr ID: **00258915A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.08%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.70	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5872	1.4173
Quarterly Medicaid CMI:	1.6005	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6325	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,607,400	$2,358,028	$0	$488,920	$246,586	$260,272	$1,197,107		$1,056,487	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($66,625)	($12,313)	$0	$0	$651	$686	($19,318)		($36,331)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$31,631		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$36,426
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,608,832	$2,345,715	$0	$488,920	$247,237	$260,958	$1,177,789	$31,631	$1,020,156	$36,426
8	Total Nursing Facility Days As Filed Days = 24,294	FY24 Audited C/R Days	24,294									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,294	FY24 GL-PL Ins Rpt Days								24,294		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.88	$96.56	$0.00	$20.13	$20.92	*(with L&H)*	$48.48	$1.30	$41.99	$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5872**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$60.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$60.84	$0.00	$20.13	$20.92		$48.48	$1.30	$41.99	$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$155.16	$60.84	$0.00	$20.13	$20.92		$39.61	$1.30	10.86 *(FRV)*	$1.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$155.16	$60.84	$0.00	$20.13	$20.92	$0.00	$39.61	$1.30	$10.86	$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6325**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$99.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$193.64	$99.32	$0.00	$20.13	$20.92	$0.00	$39.61	$1.30	$10.86	$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.99	$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.97	$3.97								
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	$23.22	$5.49	$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	**$216.86**	**$104.81**	**$0.00**	**$20.35**	**$21.33**	**$0.00**	**$56.71**	**$1.30**	**$10.86**	**$1.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$149.82**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - COVINGTON**
Prvdr ID: **00265196A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.79%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.21	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4934	1.4173
Quarterly Medicaid CMI:	1.5936	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6255	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,692,677	$2,980,459	$0	$520,223	$264,477	$540,112	$1,025,324		$362,082	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($295,880)	($38,033)	$0	($228)	($763)	($1,332)	($211,070)		($44,454)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$257,195		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$41,388
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,695,380	$2,942,426	$0	$519,995	$263,714	$538,780	$814,254	$257,195	$317,628	$41,388
8	Total Nursing Facility Days As Filed Days = 24,488	FY24 Audited C/R Days	24,488									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,488	FY24 GL-PL Ins Rpt Days								24,488		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$232.57	$120.16	$0.00	$21.23	$32.77	*(with L&H)*	$33.25	$10.50	$12.97	$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4934**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$80.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.46	$0.00	$21.23	$32.77		$33.25	$10.50	$12.97	$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$191.25	$80.46	$0.00	$21.23	$32.77		$33.25	$10.50	11.35 *(FRV)*	$1.69
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$191.25	$80.46	$0.00	$21.23	$32.77	$0.00	$33.25	$10.50	$11.35	$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6255**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$130.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$241.58	$130.79	$0.00	$21.23	$32.77	$0.00	$33.25	$10.50	$11.35	$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.31	$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.85	$7.85								
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	$27.79	$9.69	$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	**$269.37**	**$140.48**	**$0.00**	**$21.45**	**$33.18**	**$0.00**	**$50.72**	**$10.50**	**$11.35**	**$1.69**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.20**									

FINAL

Provider: **LAGRANGE HEALTH AND REHAB**
Prvdr ID: **00270245A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages

	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	16.9%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.15	3.0%

Case Mix Index (CMI) Data

	Facility Specific	State-wide
Base Period Overall PDPM:	1.3532	1.4173
Quarterly Medicaid PDPM:	1.5404	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5712	1.5391

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	j
	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*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2021 GL-PL Rpt		1,585,189		345,231	381,639		645,967	71,974	392,126	34,448
	Inflation (July 2022) @ 3.20%			50,726		11,047	12,212		20,671			1,102
	Patient Days	FY 2023 Cost Rpt		17,030		17,030	17,030		17,030	17,030	17,030	17,030
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			96.06		20.92	23.13		39.14	4.23	23.03	2.09
	Base Period Facility PDPM for all Residents			**1.3532**								
	Routine Services PDPM Adjusted Net Per Diem			$70.99								
	Net Per Diems After PDPM Adjustments		$183.52	$70.99		$20.92	$23.13		$39.14	$4.23	$23.03	2.09
	Per Diem Standards			$121.00		$31.73	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$173.35	$70.99		$20.92	$23.13		$39.14	$4.23	12.86	2.09
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$173.35	$70.99		$20.92	$23.13		$39.14	$4.23	$12.86	$2.09
	Quarterly Facility PDPM for Medicaid Residents			**1.5712**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$111.54								
	Quarterly Medicaid PDPMA Allowed Per Diem		$213.90	$111.54		$20.92	$23.13		$39.14	$4.23	$12.86	$2.09
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.53	$0.53		$0.22	$0.41		$0.37			
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)		$0.00	0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.35	3.35								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$21.98									
	Quarterly PDPM Based Per Diem Rate		**$235.88**	**$115.42**		**$21.14**	**$23.54**		**$56.61**	**$4.23**	**$12.86**	**$2.09**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$164.09**										

FINAL

Provider: **LUMBER CITY HEALTH AND REHAB**
Prvdr ID: **00270256A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	29.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2331	1.4173
Quarterly Medicaid PDPM:	1.4530	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4820	1.5391

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	j
	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*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2021 GL-PL Rpt		1,386,855		308,858	288,269		388,049	55,545	293,766	26,334
	Inflation (July 2022) @ 3.20%			44,379		9,883	9,225		12,418			843
	Patient Days	FY 2023 Cost Rpt		13,214		13,214	13,214		13,214	13,214	13,214	13,214
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			108.31		24.12	22.51		30.31	4.20	22.23	2.06
	Base Period Facility PDPM for all Residents			**1.2331**								
	Routine Services PDPM Adjusted Net Per Diem			$87.84								
	Net Per Diems After PDPM Adjustments		$193.27	$87.84		$24.12	$22.51		$30.31	$4.20	$22.23	2.06
	Per Diem Standards			$121.00		$31.73	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$183.14	$87.84		$24.12	$22.51		$30.31	$4.20	12.10	2.06
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$183.14	$87.84		$24.12	$22.51		$30.31	$4.20	$12.10	$2.06
	Quarterly Facility PDPM for Medicaid Residents			**1.4820**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$130.18								
	Quarterly Medicaid PDPMA Allowed Per Diem		$225.48	$130.18		$24.12	$22.51		$30.31	$4.20	$12.10	$2.06
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.53	$0.53		$0.22	$0.41		$0.37			
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		$1.30	1.30								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.91	3.91								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$23.84									
	Quarterly PDPM Based Per Diem Rate		**$249.32**	**$135.92**		**$24.34**	**$22.92**		**$47.78**	**$4.20**	**$12.10**	**$2.06**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$174.17**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE CROSSROADS OF FLOWERY BRANCH OF JOURNEY LLC**
Prvdr ID: **00271829A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.33%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.89	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4652	1.4173
Quarterly Medicaid CMI:	1.7038	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7379	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,987,773	$4,335,294	$0	$778,396	$367,882	$257,452	$973,599		$1,275,150	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($187,092)	($35,704)	$0	($5,345)	$20,991	$10,026	($126,562)		($50,498)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$103,170		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$40,669
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,944,520	$4,299,590	$0	$773,051	$388,873	$267,478	$847,037	$103,170	$1,224,652	$40,669
8	Total Nursing Facility Days As Filed Days = 34,018	FY24 Audited C/R Days	34,043									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,018	FY24 GL-PL Ins Rpt Days								34,043		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.36	$126.30	$0.00	$22.71	$19.28	*(with L&H)*	$24.88	$3.03	$35.97	$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4652**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.20	$0.00	$22.71	$19.28		$24.88	$3.03	$35.97	$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$166.55	$86.20	$0.00	$22.71	$19.28		$24.88	$3.03	9.26 *(FRV)*	$1.19
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$166.55	$86.20	$0.00	$22.71	$19.28	$0.00	$24.88	$3.03	$9.26	$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7379**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$149.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.16	$149.81	$0.00	$22.71	$19.28	$0.00	$24.88	$3.03	$9.26	$1.19
	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	$4.49	$4.49								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.12	$5.02	$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	**$253.28**	**$154.83**	**$0.00**	**$22.93**	**$19.69**	**$0.00**	**$42.35**	**$3.03**	**$9.26**	**$1.19**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.14**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CRESTVIEW HEALTH & REHAB CTR**
Prvdr ID: **00273567A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.96%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	no data	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3952	1.4173
Quarterly Medicaid CMI:	1.3586	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3858	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$33,698,583	$21,593,615	$0	$2,842,274	$1,477,061	$1,373,462	$5,191,394		$1,220,777	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($417,881)	$0	$0	$0	$0	$0	($285,585)		($132,296)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$132,296
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$33,412,998	$21,593,615	$0	$2,842,274	$1,477,061	$1,373,462	$4,905,809	$0	$1,088,481	$132,296
8	Total Nursing Facility Days As Filed Days = 101,683	FY24 Audited C/R Days	101,683									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,683	FY24 GL-PL Ins Rpt Days								101,683		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$328.59	$212.36	$0.00	$27.95	$28.03	*(with L&H)*	$48.25	$0.00	$10.70	$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3952**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$152.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$152.21	$0.00	$27.95	$28.03		$48.25	$0.00	$10.70	$1.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$226.16	$121.00	$0.00	$27.95	$28.03		$39.61	$0.00	8.27 *(FRV)*	$1.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$226.16	$121.00	$0.00	$27.95	$28.03	$0.00	$39.61	$0.00	$8.27	$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3858**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$167.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$272.84	$167.68	$0.00	$27.95	$28.03	$0.00	$39.61	$0.00	$8.27	$1.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.63	$0.00	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.68	$1.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.00	$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$0.00						$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$2.31	$1.68	$0.00	$0.22	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$275.15**	**$169.36**	**$0.00**	**$28.17**	**$28.44**	**$0.00**	**$39.61**	**$0.00**	**$8.27**	**$1.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.36**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CRISP REGIONAL NSG & REHAB CTR**
Prvdr ID: **00274128A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	52.38%	5.5%
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:	1.5795	1.4173
Quarterly Medicaid CMI:	1.7049	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7390	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,785,112	$4,400,438	$0	$676,271	$235,927	$481,098	$1,444,108		$547,270	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($560,033)	($137,109)	$0	$0	($20,963)	($46,286)	($355,059)		($616)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$298,172		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,523,251	$4,263,329	$0	$676,271	$214,964	$434,812	$1,089,049	$298,172	$546,654	$0
8	Total Nursing Facility Days As Filed Days = 22,321	FY24 Audited C/R Days	22,752									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,321	FY24 GL-PL Ins Rpt Days								22,752		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$330.67	$187.38	$0.00	$29.72	$28.56	*(with L&H)*	$47.87	$13.11	$24.03	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5795**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$118.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$118.63	$0.00	$29.72	$28.56		$47.87	$13.11	$24.03	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$244.34	$118.63	$0.00	$29.72	$28.56		$39.61	$13.11	14.71 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$244.34	$118.63	$0.00	$29.72	$28.56	$0.00	$39.61	$13.11	$14.71	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7390**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$206.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$332.01	$206.30	$0.00	$29.72	$28.56	$0.00	$39.61	$13.11	$14.71	$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)	$1.16	$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	$11.35	$11.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.19	$6.19								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$35.80	$18.07	$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	**$367.81**	**$224.37**	**$0.00**	**$29.94**	**$28.97**	**$0.00**	**$56.71**	**$13.11**	**$14.71**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$263.03**									

FINAL

Provider: **THOMASVILLE HEALTH AND REHAB**
Prvdr ID: **00277604A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	20.0%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4456	1.4173
Quarterly Medicaid PDPM:	1.4595	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4887	1.5391

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	j
	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*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2021 GL-PL Rpt		848,553		236,539	178,802		276,354	43,295	145,031	23,876
	Inflation (July 2022) @ 3.20%			27,154		7,569	5,722		8,843			764
	Patient Days	FY 2023 Cost Rpt		7,744		7,744	7,744		7,744	7,744	7,744	7,744
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			113.08		31.52	23.83		36.83	5.59	18.73	3.18
	Base Period Facility PDPM for all Residents			**1.4456**								
	Routine Services PDPM Adjusted Net Per Diem			$78.23								
	Net Per Diems After PDPM Adjustments		$197.91	$78.23		$31.52	$23.83		$36.83	$5.59	$18.73	3.18
	Per Diem Standards			$121.00		$31.73	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$192.07	$78.23		$31.52	$23.83		$36.83	$5.59	12.89	3.18
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$192.07	$78.23		$31.52	$23.83		$36.83	$5.59	$12.89	$3.18
	Quarterly Facility PDPM for Medicaid Residents			**1.4887**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$116.46								
	Quarterly Medicaid PDPMA Allowed Per Diem		$230.30	$116.46		$31.52	$23.83		$36.83	$5.59	$12.89	$3.18
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.53	$0.53		$0.22	$0.41		$0.37			
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		$1.16	1.16								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$2.33	2.33								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$22.12									
	Quarterly PDPM Based Per Diem Rate		**$252.42**	**$120.48**		**$31.74**	**$24.24**		**$54.30**	**$5.59**	**$12.89**	**$3.18**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$176.49**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **DELMAR GARDENS OF SMYRNA**
Prvdr ID: **00296271A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.47%	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:	1.4551	1.4173
Quarterly Medicaid CMI:	1.4494	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4784	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,582,266	$4,926,968	$0	$1,508,425	$471,890	$611,951	$1,398,843		$664,189	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($230,192)	($106,449)	$0	$0	($5,771)	($7,483)	$10,662		($121,151)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$66,900		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$119,669
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,538,643	$4,820,519	$0	$1,508,425	$466,119	$604,468	$1,409,505	$66,900	$543,038	$119,669
8	Total Nursing Facility Days As Filed Days = 32,836	FY24 Audited C/R Days	32,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,836	FY24 GL-PL Ins Rpt Days								32,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$290.50	$146.81	$0.00	$45.94	$32.60	*(with L&H)*	$42.93	$2.04	$16.54	$3.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4551**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$100.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.89	$0.00	$45.94	$32.60		$42.93	$2.04	$16.54	$3.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$225.56	$100.89	$0.00	$31.73	$32.60		$39.61	$2.04	15.05 *(FRV)*	$3.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$225.56	$100.89	$0.00	$31.73	$32.60	$0.00	$39.61	$2.04	$15.05	$3.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4784**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$149.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$273.83	$149.16	$0.00	$31.73	$32.60	$0.00	$39.61	$2.04	$15.05	$3.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$1.49	$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.47	$4.47								
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	$24.00	$6.49	$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	**$297.83**	**$155.65**	**$0.00**	**$31.73**	**$33.01**	**$0.00**	**$56.71**	**$2.04**	**$15.05**	**$3.64**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$210.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **NHC HEALTHCARE FT OGLETHORPE**
Prvdr ID: **00344759A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.69%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.44	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3425	1.4173
Quarterly Medicaid CMI:	1.2303	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2550	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,550,346	$6,292,769	$0	$1,123,985	$620,109	$433,498	$2,676,314		$403,671	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($238,989)	($127,491)	$0	$0	($3,069)	$72,600	($122,013)		($59,016)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$58,725
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,370,082	$6,165,278	$0	$1,123,985	$617,040	$506,098	$2,554,301	$0	$344,655	$58,725
8	Total Nursing Facility Days As Filed Days = 45,412	FY24 Audited C/R Days	45,412									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,412	FY24 GL-PL Ins Rpt Days								45,412		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$250.37	$135.76	$0.00	$24.75	$24.73	*(with L&H)*	$56.25	$0.00	$7.59	$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3425**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$101.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.12	$0.00	$24.75	$24.73		$56.25	$0.00	$7.59	$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.38	$101.12	$0.00	$24.75	$24.73		$39.61	$0.00	13.88 *(FRV)*	$1.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$205.38	$101.12	$0.00	$24.75	$24.73	$0.00	$39.61	$0.00	$13.88	$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2550**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.17	$126.91	$0.00	$24.75	$24.73	$0.00	$39.61	$0.00	$13.88	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.27	$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.81	$3.81								
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	$23.34	$5.61	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$254.51**	**$132.52**	**$0.00**	**$24.97**	**$25.14**	**$0.00**	**$56.71**	**$0.00**	**$13.88**	**$1.29**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$178.06**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRESBYTERIAN VILLAGE**
Prvdr ID: **00362832A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	56.25%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.40	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4182	1.4173
Quarterly Medicaid CMI:	1.3950	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4229	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,477,213	$4,484,317	$0	$868,243	$518,089	$517,018	$1,403,645		$685,901	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($118,406)	$0	$0	$0	$0	$0	($83,776)		($34,630)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$121,458		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$34,630
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,514,895	$4,484,317	$0	$868,243	$518,089	$517,018	$1,319,869	$121,458	$651,271	$34,630
8	Total Nursing Facility Days As Filed Days = 23,924	FY24 Audited C/R Days	23,924									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,924	FY24 GL-PL Ins Rpt Days								23,924		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$355.92	$187.44	$0.00	$36.29	$43.27	*(with L&H)*	$55.17	$5.08	$27.22	$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4182**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$132.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$132.16	$0.00	$36.29	$43.27		$55.17	$5.08	$27.22	$1.45
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$262.20	$121.00	$0.00	$31.73	$35.91		$39.61	$5.08	27.42 *(FRV)*	$1.45
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$262.20	$121.00	$0.00	$31.73	$35.91	$0.00	$39.61	$5.08	$27.42	$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4229**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$172.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$313.37	$172.17	$0.00	$31.73	$35.91	$0.00	$39.61	$5.08	$27.42	$1.45
	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	$9.47	$9.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.17	$5.17								
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	$14.64	$14.64	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$328.01**	**$186.81**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$39.61**	**$5.08**	**$27.42**	**$1.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$246.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CAMELLIA GARDENS OF LIFE CARE**
Prvdr ID: **00366341A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.27%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2159	1.4173
Quarterly Medicaid CMI:	1.3720	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3995	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,407,960	$3,072,564	$0	$603,680	$295,288	$341,937	$982,228		$112,263	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($162,000)	($19,741)	$0	($2,900)	($1,982)	($4,509)	($63,857)		($69,011)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$39,266		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$108,200
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,393,426	$3,052,823	$0	$600,780	$293,306	$337,428	$918,371	$39,266	$43,252	$108,200
8	Total Nursing Facility Days As Filed Days = 26,199	FY24 Audited C/R Days	26,199									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,199	FY24 GL-PL Ins Rpt Days								26,199		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$205.85	$116.52	$0.00	$22.93	$24.07	*(with L&H)*	$35.05	$1.50	$1.65	$4.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2159**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$95.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.83	$0.00	$22.93	$24.07		$35.05	$1.50	$1.65	$4.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.11	$95.83	$0.00	$22.93	$24.07		$35.05	$1.50	11.60 *(FRV)*	$4.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$195.11	$95.83	$0.00	$22.93	$24.07	$0.00	$35.05	$1.50	$11.60	$4.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3995**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$134.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.39	$134.11	$0.00	$22.93	$24.07	$0.00	$35.05	$1.50	$11.60	$4.13
	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	$1.34	$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.71	$6.71								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.68	$8.58	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$260.07**	**$142.69**	**$0.00**	**$23.15**	**$24.48**	**$0.00**	**$52.52**	**$1.50**	**$11.60**	**$4.13**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$182.23**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **QUIET OAKS HEALTH CARE CENTER**
Prvdr ID: **00370851A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.27%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.60	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6123	1.4173
Quarterly Medicaid CMI:	1.5869	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6186	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,132,053	$2,995,868	$0	$612,963	$363,516	$298,142	$780,222		$81,342	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($191,588)	($7,247)	$0	$0	$928	$761	($133,772)		($52,258)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$141,019		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$52,391
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,133,875	$2,988,621	$0	$612,963	$364,444	$298,903	$646,450	$141,019	$29,084	$52,391
8	Total Nursing Facility Days As Filed Days = 21,232	FY24 Audited C/R Days	21,232									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,232	FY24 GL-PL Ins Rpt Days								21,232		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$241.80	$140.76	$0.00	$28.87	$31.24	*(with L&H)*	$30.45	$6.64	$1.37	$2.47
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6123**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$87.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.30	$0.00	$28.87	$31.24		$30.45	$6.64	$1.37	$2.47
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.55	$87.30	$0.00	$28.87	$31.24		$30.45	$6.64	13.58 *(FRV)*	$2.47
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$200.55	$87.30	$0.00	$28.87	$31.24	$0.00	$30.45	$6.64	$13.58	$2.47
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6186**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$141.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.55	$141.30	$0.00	$28.87	$31.24	$0.00	$30.45	$6.64	$13.58	$2.47
	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	$7.77	$7.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.48	$8.48								
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	$34.88	$16.78	$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	**$289.43**	**$158.08**	**$0.00**	**$29.09**	**$31.65**	**$0.00**	**$47.92**	**$6.64**	**$13.58**	**$2.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.25**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **WESTWOOD HEALTHCARE AND REHABILITATION**
Prvdr ID: **00370862A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.60%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.94	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3618	1.4173
Quarterly Medicaid CMI:	1.3863	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4140	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,416,949	$2,272,674	$0	$520,162	$468,136	$205,364	$740,520		$210,093	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($117,313)	($21,403)	$0	($18)	$849	($1,631)	($65,062)		($30,048)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$69,687		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$21,108
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,390,431	$2,251,271	$0	$520,144	$468,985	$203,733	$675,458	$69,687	$180,045	$21,108
8	Total Nursing Facility Days As Filed Days = 19,942	FY24 Audited C/R Days	19,941									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,942	FY24 GL-PL Ins Rpt Days								19,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$220.17	$112.90	$0.00	$26.08	$33.74	*(with L&H)*	$33.87	$3.49	$9.03	$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3618**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.90	$0.00	$26.08	$33.74		$33.87	$3.49	$9.03	$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$193.39	$82.90	$0.00	$26.08	$33.74		$33.87	$3.49	12.25 *(FRV)*	$1.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$193.39	$82.90	$0.00	$26.08	$33.74	$0.00	$33.87	$3.49	$12.25	$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4140**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$117.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.71	$117.22	$0.00	$26.08	$33.74	$0.00	$33.87	$3.49	$12.25	$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)	$1.53	$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	$3.52	$3.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.15	$4.05	$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	**$249.86**	**$121.27**	**$0.00**	**$26.30**	**$34.15**	**$0.00**	**$51.34**	**$3.49**	**$12.25**	**$1.06**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$174.57**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **LIFE CARE CENTER OF GWINNETT**
Prvdr ID: **00370873A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.83%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.73	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4953	1.4173
Quarterly Medicaid CMI:	1.3975	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4255	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,868,903	$4,213,215	$0	$870,232	$458,727	$437,995	$1,481,899		$406,835	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($252,700)	($43,777)	$0	($12,757)	($91)	$9,504	($109,870)		($95,709)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$78,736		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$166,445
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,861,384	$4,169,438	$0	$857,475	$458,636	$447,499	$1,372,029	$78,736	$311,126	$166,445
8	Total Nursing Facility Days As Filed Days = 33,493	FY24 Audited C/R Days	33,493									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,493	FY24 GL-PL Ins Rpt Days								33,493		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$234.71	$124.49	$0.00	$25.60	$27.05	*(with L&H)*	$40.96	$2.35	$9.29	$4.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4953**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$83.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.25	$0.00	$25.60	$27.05		$40.96	$2.35	$9.29	$4.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.10	$83.25	$0.00	$25.60	$27.05		$39.61	$2.35	14.27 *(FRV)*	$4.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$197.10	$83.25	$0.00	$25.60	$27.05	$0.00	$39.61	$2.35	$14.27	$4.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4255**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$118.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$232.52	$118.67	$0.00	$25.60	$27.05	$0.00	$39.61	$2.35	$14.27	$4.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.19	$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.93	$5.93								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.38	$7.65	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$257.90**	**$126.32**	**$0.00**	**$25.82**	**$27.46**	**$0.00**	**$56.71**	**$2.35**	**$14.27**	**$4.97**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$180.60**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **DELMAR GARDENS OF GWINNETT**
Prvdr ID: **00395161A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.79%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.57	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3485	1.4173
Quarterly Medicaid CMI:	1.3647	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3920	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,196,877	$2,817,634	$0	$711,839	$537,346	$405,353	$1,011,443		$713,262	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($401,633)	($43,568)	$0	$0	($17,765)	($13,401)	($193,998)		($132,901)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$51,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$128,507
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,974,751	$2,774,066	$0	$711,839	$519,581	$391,952	$817,445	$51,000	$580,361	$128,507
8	Total Nursing Facility Days As Filed Days = 19,886	FY24 Audited C/R Days	19,886									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,886	FY24 GL-PL Ins Rpt Days								19,886		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$300.45	$139.50	$0.00	$35.80	$45.84	*(with L&H)*	$41.11	$2.56	$29.18	$6.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3485**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$103.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$103.45	$0.00	$35.80	$45.84		$41.11	$2.56	$29.18	$6.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$232.14	$103.45	$0.00	$31.73	$35.91		$39.61	$2.56	12.42 *(FRV)*	$6.46
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$232.14	$103.45	$0.00	$31.73	$35.91	$0.00	$39.61	$2.56	$12.42	$6.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3920**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$144.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$272.69	$144.00	$0.00	$31.73	$35.91	$0.00	$39.61	$2.56	$12.42	$6.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.32	$4.32								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.95	$4.85	$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	**$294.64**	**$148.85**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$56.71**	**$2.56**	**$12.42**	**$6.46**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$208.16**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **FAYETTEVILLE CENTER FOR NURSING & HEALING LLC**
Prvdr ID: **00399737A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.72%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5190	1.4173
Quarterly Medicaid CMI:	1.6938	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7277	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,595,456	$6,153,012	$0	$1,014,707	$468,291	$505,098	$2,287,559		$3,166,789	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($633,219)	($329,318)	$0	($1,690)	$0	($19,758)	($146,481)		($135,972)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$425,532		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$135,972
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,523,741	$5,823,694	$0	$1,013,017	$468,291	$485,340	$2,141,078	$425,532	$3,030,817	$135,972
8	Total Nursing Facility Days As Filed Days = 47,937	FY24 Audited C/R Days	47,937									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,937	FY24 GL-PL Ins Rpt Days								47,937		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$282.12	$121.49	$0.00	$21.13	$19.89	*(with L&H)*	$44.66	$8.88	$63.23	$2.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5190**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$79.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.98	$0.00	$21.13	$19.89		$44.66	$8.88	$63.23	$2.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$191.42	$79.98	$0.00	$21.13	$19.89		$39.61	$8.88	19.09 *(FRV)*	$2.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$191.42	$79.98	$0.00	$21.13	$19.89	$0.00	$39.61	$8.88	$19.09	$2.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7277**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$138.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$249.62	$138.18	$0.00	$21.13	$19.89	$0.00	$39.61	$8.88	$19.09	$2.84
	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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.91	$6.91								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.17	$7.44	$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	**$274.79**	**$145.62**	**$0.00**	**$21.35**	**$20.30**	**$0.00**	**$56.71**	**$8.88**	**$19.09**	**$2.84**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.27**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE RESERVE AT APPLING OF JOURNEY LLC**
Prvdr ID: **00403939A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.37%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3477	1.4173
Quarterly Medicaid CMI:	1.4895	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5193	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,352,955	$3,057,095	$0	$572,794	$269,656	$351,314	$735,855		$1,366,241	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($147,418)	($38,415)	$0	$0	$0	$0	($60,971)		($48,032)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$99,386		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$48,032
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,352,955	$3,018,680	$0	$572,794	$269,656	$351,314	$674,884	$99,386	$1,318,209	$48,032
8	Total Nursing Facility Days As Filed Days = 31,505	FY24 Audited C/R Days	31,505									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,505	FY24 GL-PL Ins Rpt Days								31,505		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$201.64	$95.82	$0.00	$18.18	$19.71	*(with L&H)*	$21.42	$3.15	$41.84	$1.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3477**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$71.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.10	$0.00	$18.18	$19.71		$21.42	$3.15	$41.84	$1.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$148.88	$71.10	$0.00	$18.18	$19.71		$21.42	$3.15	13.80 *(FRV)*	$1.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$148.88	$71.10	$0.00	$18.18	$19.71	$0.00	$21.42	$3.15	$13.80	$1.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5193**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$108.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$185.80	$108.02	$0.00	$18.18	$19.71	$0.00	$21.42	$3.15	$13.80	$1.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.70	$2.70								
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	$24.57	$6.47	$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	**$210.37**	**$114.49**	**$0.00**	**$18.40**	**$20.12**	**$0.00**	**$38.89**	**$3.15**	**$13.80**	**$1.52**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$144.95**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **TOWNSEND PARK HEALTH AND REHABILITATION**
Prvdr ID: **00404995A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.09%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.47	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3488	1.4173
Quarterly Medicaid CMI:	1.2949	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3208	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,451,312	$3,462,287	$0	$779,665	$441,142	$571,014	$1,624,346		$572,858	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($74,752)	$0	$0	$0	($1,228)	($1,589)	($38,843)		($33,092)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$96,720		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$33,000
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,506,280	$3,462,287	$0	$779,665	$439,914	$569,425	$1,585,503	$96,720	$539,766	$33,000
8	Total Nursing Facility Days As Filed Days = 24,099	FY24 Audited C/R Days	24,096									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,099	FY24 GL-PL Ins Rpt Days								24,096		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$311.52	$143.69	$0.00	$32.36	$41.89	*(with L&H)*	$65.80	$4.01	$22.40	$1.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3488**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$106.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$106.53	$0.00	$32.36	$41.89		$65.80	$4.01	$22.40	$1.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$263.53	$106.53	$0.00	$31.73	$35.91		$39.61	$4.01	44.37 *(FRV)*	$1.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$263.53	$106.53	$0.00	$31.73	$35.91	$0.00	$39.61	$4.01	$44.37	$1.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3208**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$140.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$297.70	$140.70	$0.00	$31.73	$35.91	$0.00	$39.61	$4.01	$44.37	$1.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.52	$3.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.04	$7.04								
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	$28.19	$11.09	$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	**$325.89**	**$151.79**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$56.71**	**$4.01**	**$44.37**	**$1.37**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$231.59**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **FOUR COUNTY HEALTH AND REHABILITATION**
Prvdr ID: **00405292A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.81%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.49	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3376	1.4173
Quarterly Medicaid CMI:	1.3992	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4272	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,261,016	$3,148,274	$0	$750,404	$394,627	$325,935	$1,088,699		$553,077	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($104,957)	$0	$0	$0	$0	$0	($66,300)		($38,657)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$66,300		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$38,657
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,261,016	$3,148,274	$0	$750,404	$394,627	$325,935	$1,022,399	$66,300	$514,420	$38,657
8	Total Nursing Facility Days As Filed Days = 23,709	FY24 Audited C/R Days	23,709									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,709	FY24 GL-PL Ins Rpt Days								23,709		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$264.08	$132.79	$0.00	$31.65	$30.39	*(with L&H)*	$43.12	$2.80	$21.70	$1.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3376**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$99.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.28	$0.00	$31.65	$30.39		$43.12	$2.80	$21.70	$1.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$218.14	$99.28	$0.00	$31.65	$30.39		$39.61	$2.80	12.78 *(FRV)*	$1.63
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$218.14	$99.28	$0.00	$31.65	$30.39	$0.00	$39.61	$2.80	$12.78	$1.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4272**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$141.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$260.55	$141.69	$0.00	$31.65	$30.39	$0.00	$39.61	$2.80	$12.78	$1.63
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.00	$0.53	$0.00	$0.06	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.54	$3.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.08	$7.08								
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	$28.72	$11.15	$0.00	$0.06	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$289.27**	**$152.84**	**$0.00**	**$31.71**	**$30.80**	**$0.00**	**$56.71**	**$2.80**	**$12.78**	**$1.63**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.13**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SOUTHLAND HEALTH AND REHABILITATION**
Prvdr ID: **00409054A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.27%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.34	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3728	1.4173
Quarterly Medicaid CMI:	1.3883	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4160	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,076,475	$6,736,117	$0	$1,150,379	$636,765	$617,051	$1,839,377		$2,096,786	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($165,241)	$0	$0	$0	$0	$0	($63,647)		($101,594)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$120,900		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$101,594
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,133,728	$6,736,117	$0	$1,150,379	$636,765	$617,051	$1,775,730	$120,900	$1,995,192	$101,594
8	Total Nursing Facility Days As Filed Days = 48,631	FY24 Audited C/R Days	48,631									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,631	FY24 GL-PL Ins Rpt Days								48,631		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$270.07	$138.51	$0.00	$23.66	$25.78	*(with L&H)*	$36.51	$2.49	$41.03	$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3728**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$100.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.89	$0.00	$23.66	$25.78		$36.51	$2.49	$41.03	$2.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$209.01	$100.89	$0.00	$23.66	$25.78		$36.51	$2.49	17.59 *(FRV)*	$2.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$209.01	$100.89	$0.00	$23.66	$25.78	$0.00	$36.51	$2.49	$17.59	$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4160**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$250.98	$142.86	$0.00	$23.66	$25.78	$0.00	$36.51	$2.49	$17.59	$2.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$1.43	$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.14	$7.14								
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	$27.20	$9.10	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$278.18**	**$151.96**	**$0.00**	**$23.88**	**$26.19**	**$0.00**	**$53.98**	**$2.49**	**$17.59**	**$2.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.81**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - TOOMSBORO**
Prvdr ID: **00409494A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.59%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.08	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4159	1.4173
Quarterly Medicaid CMI:	1.4924	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5223	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,740,141	$2,336,618	$0	$541,144	$240,437	$432,124	$798,791		$391,027	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($327,373)	($139,481)	$0	$6,266	$853	($5)	($180,129)		($14,877)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$223,981		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$36,429
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,673,178	$2,197,137	$0	$547,410	$241,290	$432,119	$618,662	$223,981	$376,150	$36,429
8	Total Nursing Facility Days As Filed Days = 20,290	FY24 Audited C/R Days	20,290									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,290	FY24 GL-PL Ins Rpt Days								20,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.33	$108.29	$0.00	$26.98	$33.19	*(with L&H)*	$30.49	$11.04	$18.54	$1.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4159**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$76.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.48	$0.00	$26.98	$33.19		$30.49	$11.04	$18.54	$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.10	$76.48	$0.00	$26.98	$33.19		$30.49	$11.04	16.12 *(FRV)*	$1.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$196.10	$76.48	$0.00	$26.98	$33.19	$0.00	$30.49	$11.04	$16.12	$1.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5223**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$116.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$236.05	$116.43	$0.00	$26.98	$33.19	$0.00	$30.49	$11.04	$16.12	$1.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.91	$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.82	$5.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.36	$9.26	$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	**$263.41**	**$125.69**	**$0.00**	**$27.20**	**$33.60**	**$0.00**	**$47.96**	**$11.04**	**$16.12**	**$1.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CHERRY BLOSSOM HEALTH AND REHABILITATION**
Prvdr ID: **00413509A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.19%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.61	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3620	1.4173
Quarterly Medicaid CMI:	1.4828	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5124	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,008,091	$2,961,252	$0	$736,079	$392,177	$358,788	$1,073,444		$486,351	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($85,024)	$0	$0	$0	$0	($1,356)	($63,960)		($19,708)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$63,960		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$19,708
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,006,735	$2,961,252	$0	$736,079	$392,177	$357,432	$1,009,484	$63,960	$466,643	$19,708
8	Total Nursing Facility Days As Filed Days = 22,873	FY24 Audited C/R Days	22,873									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,873	FY24 GL-PL Ins Rpt Days								22,873		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$262.60	$129.46	$0.00	$32.18	$32.77	*(with L&H)*	$44.13	$2.80	$20.40	$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3620**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$95.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.05	$0.00	$32.18	$32.77		$44.13	$2.80	$20.40	$0.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$221.45	$95.05	$0.00	$31.73	$32.77		$39.61	$2.80	18.63 *(FRV)*	$0.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$221.45	$95.05	$0.00	$31.73	$32.77	$0.00	$39.61	$2.80	$18.63	$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5124**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$270.15	$143.75	$0.00	$31.73	$32.77	$0.00	$39.61	$2.80	$18.63	$0.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.94	$0.53	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.59	$3.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.75	$5.75								
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	$27.38	$9.87	$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	**$297.53**	**$153.62**	**$0.00**	**$31.73**	**$33.18**	**$0.00**	**$56.71**	**$2.80**	**$18.63**	**$0.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$210.32**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **FOUNTAINVIEW CTR FOR ALZHEIMER**
Prvdr ID: **00421429A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	90.57%	5.5%
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:	1.2572	1.4173
Quarterly Medicaid CMI:	1.1942	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2180	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,715,909	$5,591,756	$0	$1,183,139	$754,578	$488,251	$1,950,557		$747,628	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($578,991)	($70,689)	$0	$0	$0	$4,821	($216,466)		($296,657)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$211,566		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$296,657
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,645,141	$5,521,067	$0	$1,183,139	$754,578	$493,072	$1,734,091	$211,566	$450,971	$296,657
8	Total Nursing Facility Days As Filed Days = 40,341	FY24 Audited C/R Days	40,341									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,341	FY24 GL-PL Ins Rpt Days								40,341		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$263.88	$136.86	$0.00	$29.33	$30.93	*(with L&H)*	$42.99	$5.24	$11.18	$7.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2572**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$108.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.86	$0.00	$29.33	$30.93		$42.99	$5.24	$11.18	$7.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$238.39	$108.86	$0.00	$29.33	$30.93		$39.61	$5.24	17.07 *(FRV)*	$7.35
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$238.39	$108.86	$0.00	$29.33	$30.93	$0.00	$39.61	$5.24	$17.07	$7.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2180**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$132.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$262.12	$132.59	$0.00	$29.33	$30.93	$0.00	$39.61	$5.24	$17.07	$7.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$7.29	$7.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.98	$3.98								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.53	$11.80	$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	**$291.65**	**$144.39**	**$0.00**	**$29.55**	**$31.34**	**$0.00**	**$56.71**	**$5.24**	**$17.07**	**$7.35**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$205.91**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SANDY SPRINGS CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00426214A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.89%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.56	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4384	1.4173
Quarterly Medicaid CMI:	1.5919	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6237	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,004,017	$6,197,850	$0	$958,959	$422,811	$451,260	$1,979,033		$1,994,104	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($493,777)	($250,760)	$0	($1,404)	$0	($12,591)	($54,234)		($174,788)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$256,331		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$174,788
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,941,359	$5,947,090	$0	$957,555	$422,811	$438,669	$1,924,799	$256,331	$1,819,316	$174,788
8	Total Nursing Facility Days As Filed Days = 53,002	FY24 Audited C/R Days	53,002									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,002	FY24 GL-PL Ins Rpt Days								53,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$225.32	$112.21	$0.00	$18.07	$16.25	*(with L&H)*	$36.32	$4.84	$34.33	$3.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4384**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.01	$0.00	$18.07	$16.25		$36.32	$4.84	$34.33	$3.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$172.00	$78.01	$0.00	$18.07	$16.25		$36.32	$4.84	15.21 *(FRV)*	$3.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$172.00	$78.01	$0.00	$18.07	$16.25	$0.00	$36.32	$4.84	$15.21	$3.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6237**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$220.65	$126.66	$0.00	$18.07	$16.25	$0.00	$36.32	$4.84	$15.21	$3.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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	$3.17	$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.33	$6.33								
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	$28.13	$10.03	$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	**$248.78**	**$136.69**	**$0.00**	**$18.29**	**$16.66**	**$0.00**	**$53.79**	**$4.84**	**$15.21**	**$3.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.76**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **TAYLOR COUNTY HEALTH AND REHABILITATION**
Prvdr ID: **00432924A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.36%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.18	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3557	1.4173
Quarterly Medicaid CMI:	1.3311	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3577	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,583,738	$2,793,639	$0	$583,822	$293,713	$305,831	$1,075,736		$530,997	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($109,276)	$0	$0	$0	$0	($1,225)	($60,840)		($47,211)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$60,840		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$47,211
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,582,513	$2,793,639	$0	$583,822	$293,713	$304,606	$1,014,896	$60,840	$483,786	$47,211
8	Total Nursing Facility Days As Filed Days = 24,335	FY24 Audited C/R Days	24,335									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,335	FY24 GL-PL Ins Rpt Days								24,335		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.41	$114.80	$0.00	$23.99	$24.59	*(with L&H)*	$41.71	$2.50	$19.88	$1.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3557**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$84.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.68	$0.00	$23.99	$24.59		$41.71	$2.50	$19.88	$1.94
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.53	$84.68	$0.00	$23.99	$24.59		$39.61	$2.50	13.22 *(FRV)*	$1.94
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$190.53	$84.68	$0.00	$23.99	$24.59	$0.00	$39.61	$2.50	$13.22	$1.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3577**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$114.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$220.82	$114.97	$0.00	$23.99	$24.59	$0.00	$39.61	$2.50	$13.22	$1.94
	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	$2.87	$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.75	$5.75								
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	$26.88	$9.15	$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	**$247.70**	**$124.12**	**$0.00**	**$24.21**	**$25.00**	**$0.00**	**$56.71**	**$2.50**	**$13.22**	**$1.94**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$172.95**									

FINAL

Provider: **HILL HAVEN NURSING HOME**
Prvdr ID: **00448456A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	42.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.04	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3981	1.4173
Quarterly Medicaid PDPM:	1.3996	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4276	1.5391

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	j
	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*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2021 GL-PL Rpt		2,196,302		487,499	415,016		444,993	66,694	257,627	28,165
	Inflation (July 2023) @ 3.20%			70,282		15,600	13,281		14,240			901
	Patient Days	FY 2023 Cost Rpt		18,789		18,789	18,789		18,789	18,789	18,789	18,789
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			120.63		26.78	22.80		24.44	4.23	13.71	1.55
	Base Period Facility PDPM for all Residents			**1.3981**								
	Routine Services PDPM Adjusted Net Per Diem			$86.29								
	Net Per Diems After PDPM Adjustments		$179.79	$86.29		$26.78	$22.80		$24.44	$4.23	$13.71	1.55
	Per Diem Standards			$121.00		$31.73	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$179.42	$86.29		$26.78	$22.80		$24.44	$4.23	13.34	1.55
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$179.43	$86.29		$26.78	$22.80		$24.44	$4.23	$13.34	$1.55
	Quarterly Facility PDPM for Medicaid Residents			**1.4276**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$123.19								
	Quarterly Medicaid PDPMA Allowed Per Diem		$216.33	$123.19		$26.78	$22.80		$24.44	$4.23	$13.34	$1.55
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.53	$0.53		$0.22	$0.41		$0.37			
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		$3.08	3.08								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.70	3.70								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$25.41									
	Quarterly PDPM Based Per Diem Rate		**$241.74**	**$130.50**		**$27.00**	**$23.21**		**$41.91**	**$4.23**	**$13.34**	**$1.55**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$168.48**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **A.G. RHODES HOME, INC - COBB**
Prvdr ID: **00493292A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.52	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4770	1.4173
Quarterly Medicaid CMI:	1.5186	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5490	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,855,191	$7,310,483	$0	$1,359,141	$716,620	$656,479	$2,683,212		$1,129,256	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($393,072)	($446,248)	$0	$0	$7,140	$2,188	$85,208		($41,360)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$360,773		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$41,771
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,864,663	$6,864,235	$0	$1,359,141	$723,760	$658,667	$2,768,420	$360,773	$1,087,896	$41,771
8	Total Nursing Facility Days As Filed Days = 41,414	FY24 Audited C/R Days	41,414									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,414	FY24 GL-PL Ins Rpt Days								41,414		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$334.79	$165.75	$0.00	$32.82	$33.38	*(with L&H)*	$66.85	$8.71	$26.27	$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4770**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$112.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$112.22	$0.00	$32.82	$33.38		$66.85	$8.71	$26.27	$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$245.34	$112.22	$0.00	$31.73	$33.38		$39.61	$8.71	18.68 *(FRV)*	$1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$245.34	$112.22	$0.00	$31.73	$33.38	$0.00	$39.61	$8.71	$18.68	$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5490**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$173.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$306.95	$173.83	$0.00	$31.73	$33.38	$0.00	$39.61	$8.71	$18.68	$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)	$0.94	$0.53	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.35	$4.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.69	$8.69								
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	$31.08	$13.57	$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	**$338.03**	**$187.40**	**$0.00**	**$31.73**	**$33.79**	**$0.00**	**$56.71**	**$8.71**	**$18.68**	**$1.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$240.70**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CAMBRIDGE POST ACUTE CARE CENTER**
Prvdr ID: **00494139A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.83%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.79	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4126	1.4173
Quarterly Medicaid CMI:	1.7065	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.7406	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$11,458,410	$5,842,821	$0	$924,330	$373,138	$503,344	$2,496,932		$1,317,845	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($955,040)	($71,489)	$0	$0	$0	$0	($776,733)		($106,818)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$569,104		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$106,818
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,179,292	$5,771,332	$0	$924,330	$373,138	$503,344	$1,720,199	$569,104	$1,211,027	$106,818
8	Total Nursing Facility Days As Filed Days = 47,230	FY24 Audited C/R Days	47,230									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,230	FY24 GL-PL Ins Rpt Days								47,230		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$236.70	$122.20	$0.00	$19.57	$18.56	*(with L&H)*	$36.42	$12.05	$25.64	$2.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4126**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.51	$0.00	$19.57	$18.56		$36.42	$12.05	$25.64	$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$189.14	$86.51	$0.00	$19.57	$18.56		$36.42	$12.05	13.77 *(FRV)*	$2.26
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$189.14	$86.51	$0.00	$19.57	$18.56	$0.00	$36.42	$12.05	$13.77	$2.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7406**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$150.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.21	$150.58	$0.00	$19.57	$18.56	$0.00	$36.42	$12.05	$13.77	$2.26
	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	$3.76	$3.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.52	$4.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.91	$8.81	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$280.12**	**$159.39**	**$0.00**	**$19.79**	**$18.97**	**$0.00**	**$53.89**	**$12.05**	**$13.77**	**$2.26**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.27**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **POWDER SPRINGS CENTER FOR NURSING & HEALING**
Prvdr ID: **00530824A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.04%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.66	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5839	1.4173
Quarterly Medicaid CMI:	1.6638	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6970	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$17,000,641	$8,726,081	$0	$1,474,650	$625,959	$865,594	$3,063,935		$2,244,422	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($1,102,911)	($223,079)	$0	$0	$0	($23,564)	($645,286)		($210,982)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$766,493		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$210,982
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$16,875,205	$8,503,002	$0	$1,474,650	$625,959	$842,030	$2,418,649	$766,493	$2,033,440	$210,982
8	Total Nursing Facility Days As Filed Days = 66,975	FY24 Audited C/R Days	66,975									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,975	FY24 GL-PL Ins Rpt Days								66,975		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$251.96	$126.96	$0.00	$22.02	$21.92	*(with L&H)*	$36.11	$11.44	$30.36	$3.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5839**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$80.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.16	$0.00	$22.02	$21.92		$36.11	$11.44	$30.36	$3.15
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$189.59	$80.16	$0.00	$22.02	$21.92		$36.11	$11.44	14.79 *(FRV)*	$3.15
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$189.59	$80.16	$0.00	$22.02	$21.92	$0.00	$36.11	$11.44	$14.79	$3.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6970**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$136.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$245.46	$136.03	$0.00	$22.02	$21.92	$0.00	$36.11	$11.44	$14.79	$3.15
	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	$3.40	$3.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.80	$6.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.83	$10.73	$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	**$274.29**	**$146.76**	**$0.00**	**$22.24**	**$22.33**	**$0.00**	**$53.58**	**$11.44**	**$14.79**	**$3.15**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.89**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **JONESBORO CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00531033A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.57%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.36	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3017	1.4173
Quarterly Medicaid CMI:	1.4503	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4793	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$10,736,087	$5,662,077	$0	$1,086,928	$390,828	$547,936	$2,285,342		$762,976	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($471,522)	($25,666)	$0	($7,764)	($4,321)	$12,871	($332,466)		($114,176)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$149,165		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$110,465
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$10,524,195	$5,636,411	$0	$1,079,164	$386,507	$560,807	$1,952,876	$149,165	$648,800	$110,465
8	Total Nursing Facility Days As Filed Days = 43,919	FY24 Audited C/R Days	43,916									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,919	FY24 GL-PL Ins Rpt Days								43,916		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$239.65	$128.35	$0.00	$24.57	$21.57	*(with L&H)*	$44.47	$3.40	$14.77	$2.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3017**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$98.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.60	$0.00	$24.57	$21.57		$44.47	$3.40	$14.77	$2.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.16	$98.60	$0.00	$24.57	$21.57		$39.61	$3.40	14.89 *(FRV)*	$2.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$205.16	$98.60	$0.00	$24.57	$21.57	$0.00	$39.61	$3.40	$14.89	$2.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4793**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$145.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$252.42	$145.86	$0.00	$24.57	$21.57	$0.00	$39.61	$3.40	$14.89	$2.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$4.38	$4.38								
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	$22.64	$4.91	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$275.06**	**$150.77**	**$0.00**	**$24.79**	**$21.98**	**$0.00**	**$56.71**	**$3.40**	**$14.89**	**$2.52**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.47**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CARTERSVILLE CROSSING OF JOURNEY LLC**
Prvdr ID: **00534619A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.29%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.04	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4017	1.4173
Quarterly Medicaid CMI:	1.7903	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.8261	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,713,695	$3,421,864	$0	$569,211	$324,056	$241,706	$877,017		$2,279,841	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($194,035)	($84,615)	$0	$0	$0	$0	($10,259)		($99,161)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$90,643		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$99,161
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,709,464	$3,337,249	$0	$569,211	$324,056	$241,706	$866,758	$90,643	$2,180,680	$99,161
8	Total Nursing Facility Days As Filed Days = 25,189	FY24 Audited C/R Days	25,189									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,189	FY24 GL-PL Ins Rpt Days								25,189		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$306.07	$132.49	$0.00	$22.60	$22.46	*(with L&H)*	$34.41	$3.60	$86.57	$3.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4017**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$94.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.52	$0.00	$22.60	$22.46		$34.41	$3.60	$86.57	$3.94
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.59	$94.52	$0.00	$22.60	$22.46		$34.41	$3.60	16.06 *(FRV)*	$3.94
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$197.59	$94.52	$0.00	$22.60	$22.46	$0.00	$34.41	$3.60	$16.06	$3.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8261**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$172.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$275.67	$172.60	$0.00	$22.60	$22.46	$0.00	$34.41	$3.60	$16.06	$3.94
	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	$4.32	$4.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.18	$5.18								
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	$28.13	$10.03	$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	**$303.80**	**$182.63**	**$0.00**	**$22.82**	**$22.87**	**$0.00**	**$51.88**	**$3.60**	**$16.06**	**$3.94**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$215.03**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **STONE MOUNTAIN RUN OF JOURNEY LLC**
Prvdr ID: **00587331A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	52.03%	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:	1.8229	1.4173
Quarterly Medicaid CMI:	2.0962	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.1381	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$13,530,163	$6,155,308	$0	$1,040,674	$583,258	$521,836	$1,827,296		$3,401,791	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($892,745)	($55,073)	$0	$0	($4,071)	($3,642)	($614,282)		($215,677)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$669,355		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$214,172
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$13,520,945	$6,100,235	$0	$1,040,674	$579,187	$518,194	$1,213,014	$669,355	$3,186,114	$214,172
8	Total Nursing Facility Days As Filed Days = 50,856	FY24 Audited C/R Days	50,856									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,856	FY24 GL-PL Ins Rpt Days								50,856		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$265.86	$119.95	$0.00	$20.46	$21.58	*(with L&H)*	$23.85	$13.16	$62.65	$4.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.8229**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$65.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$65.80	$0.00	$20.46	$21.58		$23.85	$13.16	$62.65	$4.21
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$162.59	$65.80	$0.00	$20.46	$21.58		$23.85	$13.16	13.53 *(FRV)*	$4.21
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$162.59	$65.80	$0.00	$20.46	$21.58	$0.00	$23.85	$13.16	$13.53	$4.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.1381**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$140.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$237.48	$140.69	$0.00	$20.46	$21.58	$0.00	$23.85	$13.16	$13.53	$4.21
	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	$7.74	$7.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.22	$4.22								
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	$30.59	$12.49	$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	**$268.07**	**$153.18**	**$0.00**	**$20.68**	**$21.99**	**$0.00**	**$41.32**	**$13.16**	**$13.53**	**$4.21**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$188.23**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BAYVIEW NURSING HOME**
Prvdr ID: **00624951A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.07	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3764	1.4173
Quarterly Medicaid CMI:	1.3818	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4095	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,095,138	$2,983,773	$0	$604,536	$291,983	$423,266	$882,410		$909,170	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($263,995)	($1,754)	$0	$0	($5,037)	($7,300)	($124,940)		($124,964)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$113,456		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$122,808
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,067,407	$2,982,019	$0	$604,536	$286,946	$415,966	$757,470	$113,456	$784,206	$122,808
8	Total Nursing Facility Days As Filed Days = 21,235	FY24 Audited C/R Days	21,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,235	FY24 GL-PL Ins Rpt Days								21,235		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$285.72	$140.43	$0.00	$28.47	$33.10	*(with L&H)*	$35.67	$5.34	$36.93	$5.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3764**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$102.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$102.03	$0.00	$28.47	$33.10		$35.67	$5.34	$36.93	$5.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$249.85	$102.03	$0.00	$28.47	$33.10		$35.67	$5.34	39.46 *(FRV)*	$5.78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$249.85	$102.03	$0.00	$28.47	$33.10	$0.00	$35.67	$5.34	$39.46	$5.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4095**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$143.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$291.63	$143.81	$0.00	$28.47	$33.10	$0.00	$35.67	$5.34	$39.46	$5.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.60	$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.19	$7.19								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.42	$11.32	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$321.05**	**$155.13**	**$0.00**	**$28.69**	**$33.51**	**$0.00**	**$53.14**	**$5.34**	**$39.46**	**$5.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$227.96**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BRIARWOOD HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00706813A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.60%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.55	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5716	1.4173
Quarterly Medicaid CMI:	1.9370	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.9757	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,016,799	$4,319,187	$0	$710,914	$342,155	$426,213	$1,496,002		$1,722,328	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($428,615)	($147,092)	$0	$0	$0	($884)	($184,425)		($96,214)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$148,231		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$116,473
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,852,888	$4,172,095	$0	$710,914	$342,155	$425,329	$1,311,577	$148,231	$1,626,114	$116,473
8	Total Nursing Facility Days As Filed Days = 34,289	FY24 Audited C/R Days	34,289									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,289	FY24 GL-PL Ins Rpt Days								34,289		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$258.17	$121.67	$0.00	$20.73	$22.38	*(with L&H)*	$38.25	$4.32	$47.42	$3.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5716**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$77.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.42	$0.00	$20.73	$22.38		$38.25	$4.32	$47.42	$3.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.94	$77.42	$0.00	$20.73	$22.38		$38.25	$4.32	12.44 *(FRV)*	$3.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$178.94	$77.42	$0.00	$20.73	$22.38	$0.00	$38.25	$4.32	$12.44	$3.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9757**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$152.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.48	$152.96	$0.00	$20.73	$22.38	$0.00	$38.25	$4.32	$12.44	$3.40
	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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.65	$7.65								
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	$26.28	$8.18	$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	**$280.76**	**$161.14**	**$0.00**	**$20.95**	**$22.79**	**$0.00**	**$55.72**	**$4.32**	**$12.44**	**$3.40**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.75**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **LEE COUNTY HEALTH AND REHABILITATION**
Prvdr ID: **00712665A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.04%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2622	1.4173
Quarterly Medicaid CMI:	1.3194	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3457	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,384,418	$2,757,998	$0	$646,352	$250,931	$309,859	$960,690		$1,458,588	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($103,651)	$0	$0	$0	$0	($6,268)	($58,078)		($39,305)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$46,800		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$39,305
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,366,872	$2,757,998	$0	$646,352	$250,931	$303,591	$902,612	$46,800	$1,419,283	$39,305
8	Total Nursing Facility Days As Filed Days = 21,165	FY24 Audited C/R Days	21,165									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,165	FY24 GL-PL Ins Rpt Days								21,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$300.83	$130.31	$0.00	$30.54	$26.20	*(with L&H)*	$42.65	$2.21	$67.06	$1.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2622**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$103.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$103.24	$0.00	$30.54	$26.20		$42.65	$2.21	$67.06	$1.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$220.58	$103.24	$0.00	$30.54	$26.20		$39.61	$2.21	16.92 *(FRV)*	$1.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$220.58	$103.24	$0.00	$30.54	$26.20	$0.00	$39.61	$2.21	$16.92	$1.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3457**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$138.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$256.27	$138.93	$0.00	$30.54	$26.20	$0.00	$39.61	$2.21	$16.92	$1.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.47	$3.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.95	$6.95								
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	$28.68	$10.95	$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	**$284.95**	**$149.88**	**$0.00**	**$30.76**	**$26.61**	**$0.00**	**$56.71**	**$2.21**	**$16.92**	**$1.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$200.89**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BRYAN COUNTY HLTH & REHAB CTR**
Prvdr ID: **00715569A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	52.63%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.15	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6519	1.4173
Quarterly Medicaid CMI:	1.6730	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7065	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,042,153	$4,687,664	$0	$897,271	$444,896	$346,911	$1,248,881		$416,530	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($429,861)	($7,802)	$0	$0	$0	$0	($350,872)		($71,187)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$332,359		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$71,187
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,015,838	$4,679,862	$0	$897,271	$444,896	$346,911	$898,009	$332,359	$345,343	$71,187
8	Total Nursing Facility Days As Filed Days = 31,600	FY24 Audited C/R Days	31,600									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,600	FY24 GL-PL Ins Rpt Days								31,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$253.67	$148.10	$0.00	$28.39	$25.06	*(with L&H)*	$28.42	$10.52	$10.93	$2.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6519**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$89.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.66	$0.00	$28.39	$25.06		$28.42	$10.52	$10.93	$2.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.33	$89.66	$0.00	$28.39	$25.06		$28.42	$10.52	16.03 *(FRV)*	$2.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$200.33	$89.66	$0.00	$28.39	$25.06	$0.00	$28.42	$10.52	$16.03	$2.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7065**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$263.67	$153.00	$0.00	$28.39	$25.06	$0.00	$28.42	$10.52	$16.03	$2.25
	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	$8.42	$8.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.18	$9.18								
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	$36.23	$18.13	$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	**$299.90**	**$171.13**	**$0.00**	**$28.61**	**$25.47**	**$0.00**	**$45.89**	**$10.52**	**$16.03**	**$2.25**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$212.10**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PERIMETER REHABILITATION SUITES BY HARBORVIEW**
Prvdr ID: **00815295A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7217	1.4173
Quarterly Medicaid CMI:	1.9669	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	2.0062	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$20,034,328	$9,342,245	$0	$1,703,317	$1,022,381	$993,675	$2,962,457		$4,010,253	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($1,265,350)	($511,782)	$0	$0	($6,626)	($9,775)	($558,765)		($178,402)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$335,274		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$177,245
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$19,281,497	$8,830,463	$0	$1,703,317	$1,015,755	$983,900	$2,403,692	$335,274	$3,831,851	$177,245
8	Total Nursing Facility Days As Filed Days = 77,893	FY24 Audited C/R Days	77,893									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,893	FY24 GL-PL Ins Rpt Days								77,893		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.54	$113.37	$0.00	$21.87	$25.67	*(with L&H)*	$30.86	$4.30	$49.19	$2.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7217**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$65.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$65.85	$0.00	$21.87	$25.67		$30.86	$4.30	$49.19	$2.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$168.44	$65.85	$0.00	$21.87	$25.67		$30.86	$4.30	17.61 *(FRV)*	$2.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$168.44	$65.85	$0.00	$21.87	$25.67	$0.00	$30.86	$4.30	$17.61	$2.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**2.0062**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$132.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.70	$132.11	$0.00	$21.87	$25.67	$0.00	$30.86	$4.30	$17.61	$2.28
	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	$1.32	$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.96	$3.96								
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	$23.91	$5.81	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$258.61**	**$137.92**	**$0.00**	**$22.09**	**$26.08**	**$0.00**	**$48.33**	**$4.30**	**$17.61**	**$2.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.13**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **THE D SCOTT HUDGENS CENTER FOR SKILLED NURSING**
Prvdr ID: **000815493B**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	53.85%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.66	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3573	1.4173
Quarterly Medicaid CMI:	1.2681	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2934	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,910,205	$2,597,178	$0	$234,269	$128,165	$246,942	$545,409		$158,242	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($29,096)	($141,249)	$0	$0	$0	$0	$134,751		($22,598)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$6,498		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$22,598
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,910,205	$2,455,929	$0	$234,269	$128,165	$246,942	$680,160	$6,498	$135,644	$22,598
8	Total Nursing Facility Days As Filed Days = 10,809	FY24 Audited C/R Days	10,809									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,809	FY24 GL-PL Ins Rpt Days								10,809		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$361.75	$227.21	$0.00	$21.67	$34.70	*(with L&H)*	$62.93	$0.60	$12.55	$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3573**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$167.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$167.40	$0.00	$21.67	$34.70		$62.93	$0.60	$12.55	$2.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.07	$121.00	$0.00	$21.67	$34.70		$39.61	$0.60	27.40 *(FRV)*	$2.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$247.07	$121.00	$0.00	$21.67	$34.70	$0.00	$39.61	$0.60	$27.40	$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2934**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$156.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$282.57	$156.50	$0.00	$21.67	$34.70	$0.00	$39.61	$0.60	$27.40	$2.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.63	$0.00	$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	$8.61	$8.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.13	$3.13								
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	$29.47	$11.74	$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	**$312.04**	**$168.24**	**$0.00**	**$21.89**	**$35.11**	**$0.00**	**$56.71**	**$0.60**	**$27.40**	**$2.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$221.21**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **LIFE CARE CTR OF LAWRENCEVILLE**
Prvdr ID: **00818914A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.03%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.67	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3890	1.4173
Quarterly Medicaid CMI:	1.4269	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4554	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,499,607	$5,482,309	$0	$977,714	$430,336	$590,225	$1,652,690		$366,333	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($290,243)	($90,900)	$0	($6,136)	$0	$8,456	($129,398)		($72,265)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$62,286		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$190,448
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,462,098	$5,391,409	$0	$971,578	$430,336	$598,681	$1,523,292	$62,286	$294,068	$190,448
8	Total Nursing Facility Days As Filed Days = 33,305	FY24 Audited C/R Days	33,305									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,305	FY24 GL-PL Ins Rpt Days								33,305		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$284.11	$161.88	$0.00	$29.17	$30.90	*(with L&H)*	$45.74	$1.87	$8.83	$5.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3890**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$116.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$116.55	$0.00	$29.17	$30.90		$45.74	$1.87	$8.83	$5.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$244.00	$116.55	$0.00	$29.17	$30.90		$39.61	$1.87	20.18 *(FRV)*	$5.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$244.00	$116.55	$0.00	$29.17	$30.90	$0.00	$39.61	$1.87	$20.18	$5.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4554**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$169.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$297.08	$169.63	$0.00	$29.17	$30.90	$0.00	$39.61	$1.87	$20.18	$5.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$4.24	$4.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.09	$5.09								
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	$27.59	$9.86	$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	**$324.67**	**$179.49**	**$0.00**	**$29.39**	**$31.31**	**$0.00**	**$56.71**	**$1.87**	**$20.18**	**$5.72**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$230.68**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **SENIOR CARE CENTER - BRUNSWICK**
Prvdr ID: **000830827B**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.58%	2.5%
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:	1.3195	1.4173
Quarterly Medicaid CMI:	1.4783	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5079	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$20,400,035	$11,989,981	$0	$2,634,730	$772,436	$447,914	$2,329,781		$2,225,193	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($542,940)	($176,915)	$0	$0	$0	$0	($93,836)		($272,189)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$93,336		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$272,189
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$20,222,620	$11,813,066	$0	$2,634,730	$772,436	$447,914	$2,235,945	$93,336	$1,953,004	$272,189
8	Total Nursing Facility Days As Filed Days = 56,001	FY24 Audited C/R Days	56,001									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,001	FY24 GL-PL Ins Rpt Days								56,001		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$361.11	$210.94	$0.00	$47.05	$21.79	*(with L&H)*	$39.93	$1.67	$34.87	$4.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3195**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$159.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$159.87	$0.00	$47.05	$21.79		$39.93	$1.67	$34.87	$4.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.53	$121.00	$0.00	$41.20	$21.79		$39.61	$1.67	17.40 *(FRV)*	$4.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$247.53	$121.00	$0.00	$41.20	$21.79	$0.00	$39.61	$1.67	$17.40	$4.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5079**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$182.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$308.99	$182.46	$0.00	$41.20	$21.79	$0.00	$39.61	$1.67	$17.40	$4.86
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.56	$4.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.47	$5.47								
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	$10.44	$10.03	$0.00	$0.00	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$319.43**	**$192.49**	**$0.00**	**$41.20**	**$22.20**	**$0.00**	**$39.61**	**$1.67**	**$17.40**	**$4.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$239.57**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ROSELANE HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00831751A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	12.12%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.60	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7689	1.4173
Quarterly Medicaid CMI:	1.9576	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.9967	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$12,695,193	$6,652,080	$0	$995,608	$493,590	$509,317	$1,753,083		$2,291,515	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($887,611)	($523,029)	$0	($22,658)	($11,370)	($10,344)	($201,953)		($118,257)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$120,526
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$11,928,108	$6,129,051	$0	$972,950	$482,220	$498,973	$1,551,130	$0	$2,173,258	$120,526
8	Total Nursing Facility Days As Filed Days = 43,466	FY24 Audited C/R Days	43,321									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,466	FY24 GL-PL Ins Rpt Days								43,321		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$275.35	$141.48	$0.00	$22.46	$22.65	*(with L&H)*	$35.81	$0.00	$50.17	$2.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.7689**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$79.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.98	$0.00	$22.46	$22.65		$35.81	$0.00	$50.17	$2.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$179.10	$79.98	$0.00	$22.46	$22.65		$35.81	$0.00	15.42 *(FRV)*	$2.78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$179.10	$79.98	$0.00	$22.46	$22.65	$0.00	$35.81	$0.00	$15.42	$2.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9967**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$159.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$258.82	$159.70	$0.00	$22.46	$22.65	$0.00	$35.81	$0.00	$15.42	$2.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.99	$7.99								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.62	$8.52	$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	**$285.44**	**$168.22**	**$0.00**	**$22.68**	**$23.06**	**$0.00**	**$53.28**	**$0.00**	**$15.42**	**$2.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$201.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **REGENCY PARK HEALTH AND REHABILITATION**
Prvdr ID: **00837207A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.82%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	6.75	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1418	1.4173
Quarterly Medicaid CMI:	1.1271	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.1496	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,313,727	$5,257,567	$0	$902,379	$382,528	$402,842	$1,898,043		$470,368	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($179,884)	($14,143)	$0	$1,032	$2,646	$34,709	($186,984)		($17,144)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$141,395		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$17,144
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,292,382	$5,243,424	$0	$903,411	$385,174	$437,551	$1,711,059	$141,395	$453,224	$17,144
8	Total Nursing Facility Days As Filed Days = 32,297	FY24 Audited C/R Days	32,297									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,297	FY24 GL-PL Ins Rpt Days								32,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$287.71	$162.35	$0.00	$27.97	$25.47	*(with L&H)*	$52.98	$4.38	$14.03	$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.1418**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$142.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$142.19	$0.00	$27.97	$25.47		$52.98	$4.38	$14.03	$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$242.70	$121.00	$0.00	$27.97	$25.47		$39.61	$4.38	23.74 *(FRV)*	$0.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$242.70	$121.00	$0.00	$27.97	$25.47	$0.00	$39.61	$4.38	$23.74	$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.1496**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$139.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$260.80	$139.10	$0.00	$27.97	$25.47	$0.00	$39.61	$4.38	$23.74	$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)	$0.63	$0.00	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.39	$1.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.17	$4.17								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.29	$5.56	$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	**$284.09**	**$144.66**	**$0.00**	**$28.19**	**$25.88**	**$0.00**	**$56.71**	**$4.38**	**$23.74**	**$0.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$200.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ROCKDALE HEALTHCARE CENTER**
Prvdr ID: **00838252A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.07%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.63	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5119	1.4173
Quarterly Medicaid CMI:	1.6988	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7327	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,250,863	$4,699,018	$0	$654,866	$275,848	$415,012	$1,998,104		$1,208,015	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($1,238,115)	($46,975)	$0	$0	$8	$12	($1,044,176)		($146,984)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$349,002		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$146,989
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,508,739	$4,652,043	$0	$654,866	$275,856	$415,024	$953,928	$349,002	$1,061,031	$146,989
8	Total Nursing Facility Days As Filed Days = 34,915	FY24 Audited C/R Days	34,915									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,915	FY24 GL-PL Ins Rpt Days								34,915		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$243.71	$133.24	$0.00	$18.76	$19.79	*(with L&H)*	$27.32	$10.00	$30.39	$4.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5119**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$88.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.13	$0.00	$18.76	$19.79		$27.32	$10.00	$30.39	$4.21
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$184.04	$88.13	$0.00	$18.76	$19.79		$27.32	$10.00	15.83 *(FRV)*	$4.21
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$184.04	$88.13	$0.00	$18.76	$19.79	$0.00	$27.32	$10.00	$15.83	$4.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7327**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$152.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.61	$152.70	$0.00	$18.76	$19.79	$0.00	$27.32	$10.00	$15.83	$4.21
	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	$1.53	$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.58	$4.58								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.74	$6.64	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$273.35**	**$159.34**	**$0.00**	**$18.98**	**$20.20**	**$0.00**	**$44.79**	**$10.00**	**$15.83**	**$4.21**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.19**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **COASTAL MANOR**
Prvdr ID: **00856028A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.46%	2.5%
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:	1.3278	1.4173
Quarterly Medicaid CMI:	1.8097	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.8459	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,678,396	$4,506,440	$0	$1,161,700	$546,518	$653,692	$1,422,379		$387,667	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($169,030)	$71,384	$0	$0	$1,546	$1,849	($218,063)		($25,746)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$146,679		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$25,819
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,681,864	$4,577,824	$0	$1,161,700	$548,064	$655,541	$1,204,316	$146,679	$361,921	$25,819
8	Total Nursing Facility Days As Filed Days = 29,889	FY24 Audited C/R Days	29,889									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,889	FY24 GL-PL Ins Rpt Days								29,889		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$290.47	$153.16	$0.00	$38.87	$40.27	*(with L&H)*	$40.29	$4.91	$12.11	$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3278**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$115.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$115.35	$0.00	$38.87	$40.27		$40.29	$4.91	$12.11	$0.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$254.47	$115.35	$0.00	$38.87	$35.91		$39.61	$4.91	18.96 *(FRV)*	$0.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$254.47	$115.35	$0.00	$38.87	$35.91	$0.00	$39.61	$4.91	$18.96	$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8459**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$212.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$352.04	$212.92	$0.00	$38.87	$35.91	$0.00	$39.61	$4.91	$18.96	$0.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.32	$5.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.39	$6.39								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.56	$12.24	$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	**$381.60**	**$225.16**	**$0.00**	**$39.09**	**$35.91**	**$0.00**	**$56.71**	**$4.91**	**$18.96**	**$0.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$273.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CANDLER SKILLED NURSING UNIT**
Prvdr ID: **00870911A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	0.00%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	5.99	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2661	1.4173
Quarterly Medicaid CMI:	1.3000	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3260	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,835,757	$2,776,006	$0	$111,033	$240,573	$285,620	$771,304		$651,221	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	$250,859	($211)	$0	$9,599	($3,522)	($3,428)	$282,760		($34,339)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$30,745		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$31,470
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,148,831	$2,775,795	$0	$120,632	$237,051	$282,192	$1,054,064	$30,745	$616,882	$31,470
8	Total Nursing Facility Days As Filed Days = 7,429	FY24 Audited C/R Days	7,429									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 7,429	FY24 GL-PL Ins Rpt Days								7,429		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$693.08	$373.64	$0.00	$16.24	$69.89	*(with L&H)*	$141.89	$4.14	$83.04	$4.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2661**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$295.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$295.11	$0.00	$16.24	$69.89		$141.89	$4.14	$83.04	$4.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$242.68	$121.00	$0.00	$16.24	$35.91		$39.61	$4.14	21.54 *(FRV)*	$4.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$242.68	$121.00	$0.00	$16.24	$35.91	$0.00	$39.61	$4.14	$21.54	$4.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3260**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$160.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$282.13	$160.45	$0.00	$16.24	$35.91	$0.00	$39.61	$4.14	$21.54	$4.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.00	$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$17.32	$0.00	$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	**$299.45**	**$160.45**	**$0.00**	**$16.46**	**$35.91**	**$0.00**	**$56.71**	**$4.14**	**$21.54**	**$4.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$211.76**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - LAUREL PARK, LLC**
Prvdr ID: **00908553A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.92%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.06	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4554	1.4173
Quarterly Medicaid CMI:	1.5484	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5793	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,044,796	$4,791,110	$0	$743,833	$531,600	$619,792	$1,453,247		$905,214	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($340,759)	($112,457)	$0	$0	($298)	($178)	($200,265)		($27,561)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$322,950		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$25,864
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,052,851	$4,678,653	$0	$743,833	$531,302	$619,614	$1,252,982	$322,950	$877,653	$25,864
8	Total Nursing Facility Days As Filed Days = 31,065	FY24 Audited C/R Days	31,065									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,065	FY24 GL-PL Ins Rpt Days								31,065		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$291.41	$150.61	$0.00	$23.94	$37.05	*(with L&H)*	$40.33	$10.40	$28.25	$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4554**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$103.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$103.48	$0.00	$23.94	$37.05		$40.33	$10.40	$28.25	$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$235.62	$103.48	$0.00	$23.94	$35.91		$39.61	$10.40	21.45 *(FRV)*	$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$235.62	$103.48	$0.00	$23.94	$35.91	$0.00	$39.61	$10.40	$21.45	$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5793**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$163.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$295.57	$163.43	$0.00	$23.94	$35.91	$0.00	$39.61	$10.40	$21.45	$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.17	$8.17								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.02	$8.70	$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	**$321.59**	**$172.13**	**$0.00**	**$24.16**	**$35.91**	**$0.00**	**$56.71**	**$10.40**	**$21.45**	**$0.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$228.37**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ATRIUM HEALTH NAVICENT BALDWIN**
Prvdr ID: **00947658A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	100.00%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.41	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6116	1.4173
Quarterly Medicaid CMI:	1.5800	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6116	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,071,222	$1,814,565	$0	$246,535	$84,481	$131,578	$639,107		$154,956	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($121,623)	$0	$0	$0	$0	$0	($121,623)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$121,623		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,071,222	$1,814,565	$0	$246,535	$84,481	$131,578	$517,484	$121,623	$154,956	$0
8	Total Nursing Facility Days As Filed Days = 3,597	FY24 Audited C/R Days	3,597									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,597	FY24 GL-PL Ins Rpt Days								3,597		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$853.84	$504.47	$0.00	$68.54	$60.07	*(with L&H)*	$143.87	$33.81	$43.08	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.6116**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$313.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$313.02	$0.00	$68.54	$60.07		$143.87	$33.81	$43.08	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$41.20	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$294.06	$121.00	$0.00	$41.20	$35.91		$39.61	$33.81	22.53 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$294.06	$121.00	$0.00	$41.20	$35.91	$0.00	$39.61	$33.81	$22.53	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6116**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$195.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$368.06	$195.00	$0.00	$41.20	$35.91	$0.00	$39.61	$33.81	$22.53	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.00	$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$17.10	$0.00	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$385.16**	**$195.00**	**$0.00**	**$41.20**	**$35.91**	**$0.00**	**$56.71**	**$33.81**	**$22.53**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$276.05**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ZEBULON PARK HEALTH AND REHABILITATION**
Prvdr ID: **003125041B**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.89%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.04	6.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3457	1.4173
Quarterly Medicaid CMI:	1.2631	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.2884	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,850,546	$3,015,852	$0	$553,576	$294,872	$390,572	$1,091,278		$504,396	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($6,759)	$0	$0	$0	$0	$0	$22,343		($29,102)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$51,480		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$29,102
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,924,369	$3,015,852	$0	$553,576	$294,872	$390,572	$1,113,621	$51,480	$475,294	$29,102
8	Total Nursing Facility Days As Filed Days = 21,014	FY24 Audited C/R Days	21,014									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,014	FY24 GL-PL Ins Rpt Days								21,014		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$281.92	$143.52	$0.00	$26.34	$32.62	*(with L&H)*	$52.99	$2.45	$22.62	$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3457**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$106.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$106.65	$0.00	$26.34	$32.62		$52.99	$2.45	$22.62	$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$249.10	$106.65	$0.00	$26.34	$32.62		$39.61	$2.45	40.05 *(FRV)*	$1.38
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$249.10	$106.65	$0.00	$26.34	$32.62	$0.00	$39.61	$2.45	$40.05	$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2884**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$279.86	$137.41	$0.00	$26.34	$32.62	$0.00	$39.61	$2.45	$40.05	$1.38
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.37	$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.24	$8.24								
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	$27.87	$10.14	$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	**$307.73**	**$147.55**	**$0.00**	**$26.56**	**$33.03**	**$0.00**	**$56.71**	**$2.45**	**$40.05**	**$1.38**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$217.97**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ANSLEY PARK HEALTH AND REHABILITATION**
Prvdr ID: **003136416A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	8.16%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.88	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4298	1.4173
Quarterly Medicaid CMI:	1.2939	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3198	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$6,198,212	$3,397,351	$0	$652,939	$216,362	$464,871	$1,122,124		$344,565	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	$26,836	$0	$0	$0	$0	$0	$55,960		($29,124)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$51,480		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$29,124
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,305,652	$3,397,351	$0	$652,939	$216,362	$464,871	$1,178,084	$51,480	$315,441	$29,124
8	Total Nursing Facility Days As Filed Days = 22,000	FY24 Audited C/R Days	22,000									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,000	FY24 GL-PL Ins Rpt Days								22,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$286.63	$154.43	$0.00	$29.68	$30.97	*(with L&H)*	$53.55	$2.34	$14.34	$1.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4298**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$108.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.01	$0.00	$29.68	$30.97		$53.55	$2.34	$14.34	$1.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$254.38	$108.01	$0.00	$29.68	$30.97		$39.61	$2.34	42.45 *(FRV)*	$1.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$254.38	$108.01	$0.00	$29.68	$30.97	$0.00	$39.61	$2.34	$42.45	$1.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3198**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$288.92	$142.55	$0.00	$29.68	$30.97	$0.00	$39.61	$2.34	$42.45	$1.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.13	$7.13								
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	$25.39	$7.66	$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	**$314.31**	**$150.21**	**$0.00**	**$29.90**	**$31.38**	**$0.00**	**$56.71**	**$2.34**	**$42.45**	**$1.32**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$222.91**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **STEVENS PARK HEALTH AND REHABILITATION**
Prvdr ID: **003143404A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	0.00%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.88	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2780	1.4173
Quarterly Medicaid CMI:	1.3248	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3513	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,266,228	$2,273,989	$0	$505,189	$179,454	$338,001	$794,509		$175,086	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	$12,530	$0	$0	$0	$0	$0	$28,716		($16,186)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$32,760		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$16,186
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,327,704	$2,273,989	$0	$505,189	$179,454	$338,001	$823,225	$32,760	$158,900	$16,186
8	Total Nursing Facility Days As Filed Days = 14,699	FY24 Audited C/R Days	14,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,699	FY24 GL-PL Ins Rpt Days								14,699		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$294.42	$154.70	$0.00	$34.37	$35.20	*(with L&H)*	$56.01	$2.23	$10.81	$1.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2780**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$121.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$121.05	$0.00	$34.37	$35.20		$56.01	$2.23	$10.81	$1.10
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$267.21	$121.00	$0.00	$31.73	$35.20		$39.61	$2.23	36.34 *(FRV)*	$1.10
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$267.21	$121.00	$0.00	$31.73	$35.20	$0.00	$39.61	$2.23	$36.34	$1.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3513**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$163.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$309.72	$163.51	$0.00	$31.73	$35.20	$0.00	$39.61	$2.23	$36.34	$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.41	$0.00	$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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.18	$8.18								
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	$25.69	$8.18	$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	**$335.41**	**$171.69**	**$0.00**	**$31.73**	**$35.61**	**$0.00**	**$56.71**	**$2.23**	**$36.34**	**$1.10**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$238.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **CHELSEY PARK HEALTH AND REHABILITATION**
Prvdr ID: **003165720A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	13.73%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3528	1.4173
Quarterly Medicaid CMI:	1.4357	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4644	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,820,837	$3,083,590	$0	$579,524	$181,847	$452,985	$1,085,990		$436,901	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($7,810)	$0	$0	$0	$0	$0	$20,931		($28,741)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$46,800		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$28,741
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,888,568	$3,083,590	$0	$579,524	$181,847	$452,985	$1,106,921	$46,800	$408,160	$28,741
8	Total Nursing Facility Days As Filed Days = 20,650	FY24 Audited C/R Days	20,650									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,650	FY24 GL-PL Ins Rpt Days								20,650		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$285.16	$149.33	$0.00	$28.06	$30.74	*(with L&H)*	$53.60	$2.27	$19.77	$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3528**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$110.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.39	$0.00	$28.06	$30.74		$53.60	$2.27	$19.77	$1.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$252.96	$110.39	$0.00	$28.06	$30.74		$39.61	$2.27	40.50 *(FRV)*	$1.39
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$252.96	$110.39	$0.00	$28.06	$30.74	$0.00	$39.61	$2.27	$40.50	$1.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4644**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$161.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$304.23	$161.66	$0.00	$28.06	$30.74	$0.00	$39.61	$2.27	$40.50	$1.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.08	$8.08								
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	$26.34	$8.61	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$330.57**	**$170.27**	**$0.00**	**$28.28**	**$31.15**	**$0.00**	**$56.71**	**$2.27**	**$40.50**	**$1.39**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$235.10**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **HARRINGTON PARK HEALTH AND REHABILITATION**
Prvdr ID: **003165726A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.71%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.63	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3171	1.4173
Quarterly Medicaid CMI:	1.3043	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.3304	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$5,817,359	$2,926,037	$0	$659,837	$225,983	$408,308	$1,194,115		$403,079	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($71,072)	$0	$0	$0	$0	$0	($45,240)		($25,832)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$45,240		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$25,832
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$5,817,359	$2,926,037	$0	$659,837	$225,983	$408,308	$1,148,875	$45,240	$377,247	$25,832
8	Total Nursing Facility Days As Filed Days = 20,168	FY24 Audited C/R Days	20,168									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,168	FY24 GL-PL Ins Rpt Days								20,168		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$288.45	$145.08	$0.00	$32.72	$31.45	*(with L&H)*	$56.97	$2.24	$18.71	$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3171**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$110.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.15	$0.00	$32.72	$31.45		$56.97	$2.24	$18.71	$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$259.04	$110.15	$0.00	$31.73	$31.45		$39.61	$2.24	42.58 *(FRV)*	$1.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$259.04	$110.15	$0.00	$31.73	$31.45	$0.00	$39.61	$2.24	$42.58	$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3304**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$146.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$295.43	$146.54	$0.00	$31.73	$31.45	$0.00	$39.61	$2.24	$42.58	$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.94	$0.53	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.66	$3.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.33	$7.33								
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	$29.03	$11.52	$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	**$324.46**	**$158.06**	**$0.00**	**$31.73**	**$31.86**	**$0.00**	**$56.71**	**$2.24**	**$42.58**	**$1.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$230.52**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **Parkside at Budd Terrace Operating Company LLC**
Prvdr ID: **003167547A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.41%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.05	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3705	1.4173
Quarterly Medicaid CMI:	1.6495	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6825	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$16,386,282	$9,375,226	$0	$1,472,495	$908,388	$1,330,846	$2,756,118		$543,209	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($947,231)	($556,749)	$0	($32)	($26,965)	($47,338)	($299,381)		($16,766)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$101,252		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$16,268
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$15,556,571	$8,818,477	$0	$1,472,463	$881,423	$1,283,508	$2,456,737	$101,252	$526,443	$16,268
8	Total Nursing Facility Days As Filed Days = 45,032	FY24 Audited C/R Days	45,032									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,032	FY24 GL-PL Ins Rpt Days								45,032		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$345.47	$195.83	$0.00	$32.70	$48.08	*(with L&H)*	$54.56	$2.25	$11.69	$0.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3705**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$142.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$142.88	$0.00	$32.70	$48.08		$54.56	$2.25	$11.69	$0.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$249.29	$121.00	$0.00	$31.73	$35.91		$39.61	$2.25	18.43 *(FRV)*	$0.36
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$249.29	$121.00	$0.00	$31.73	$35.91	$0.00	$39.61	$2.25	$18.43	$0.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6825**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$203.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$331.87	$203.58	$0.00	$31.73	$35.91	$0.00	$39.61	$2.25	$18.43	$0.36
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.04	$2.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.11	$6.11								
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	$25.25	$8.15	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$357.12**	**$211.73**	**$0.00**	**$31.73**	**$35.91**	**$0.00**	**$56.71**	**$2.25**	**$18.43**	**$0.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$255.02**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MEADOWS PARK HEALTH AND REHABILITATION**
Prvdr ID: **003167911A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.31%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.82	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3225	1.4173
Quarterly Medicaid CMI:	1.7075	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7417	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,185,955	$3,765,625	$0	$766,747	$469,092	$351,695	$1,368,639		$464,157	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($89,580)	$0	$0	$0	$0	$0	($58,500)		($31,080)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$58,500		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$31,080
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,185,955	$3,765,625	$0	$766,747	$469,092	$351,695	$1,310,139	$58,500	$433,077	$31,080
8	Total Nursing Facility Days As Filed Days = 26,690	FY24 Audited C/R Days	26,690									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,690	FY24 GL-PL Ins Rpt Days								26,690		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$269.24	$141.09	$0.00	$28.73	$30.75	*(with L&H)*	$49.09	$2.19	$16.23	$1.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3225**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$106.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$106.68	$0.00	$28.73	$30.75		$49.09	$2.19	$16.23	$1.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$244.42	$106.68	$0.00	$28.73	$30.75		$39.61	$2.19	35.30 *(FRV)*	$1.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$244.42	$106.68	$0.00	$28.73	$30.75	$0.00	$39.61	$2.19	$35.30	$1.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7417**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$185.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$323.54	$185.80	$0.00	$28.73	$30.75	$0.00	$39.61	$2.19	$35.30	$1.16
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.86	$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.29	$9.29								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.41	$11.68	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$352.95**	**$197.48**	**$0.00**	**$28.95**	**$31.16**	**$0.00**	**$56.71**	**$2.19**	**$35.30**	**$1.16**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$251.89**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ROCKMART HEALTH**
Prvdr ID: **003182988A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	43.18%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.70	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2581	1.4173
Quarterly Medicaid CMI:	1.4070	1.5090
Qtrly Mcaid CMI w RUG Wght Options:	1.4352	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,516,471	$2,301,665	$0	$584,612	$312,786	$270,052	$788,414		$258,942	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($187,206)	($1,379)	$0	$0	$0	($6)	($148,183)		($37,638)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$140,423		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$37,638
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,507,326	$2,300,286	$0	$584,612	$312,786	$270,046	$640,231	$140,423	$221,304	$37,638
8	Total Nursing Facility Days As Filed Days = 18,405	FY24 Audited C/R Days	18,405									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,405	FY24 GL-PL Ins Rpt Days								18,405		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$244.89	$124.98	$0.00	$31.76	$31.67	*(with L&H)*	$34.79	$7.63	$12.02	$2.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2581**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$99.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.34	$0.00	$31.76	$31.67		$34.79	$7.63	$12.02	$2.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$218.39	$99.34	$0.00	$31.73	$31.67		$34.79	$7.63	11.19 *(FRV)*	$2.04
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$218.39	$99.34	$0.00	$31.73	$31.67	$0.00	$34.79	$7.63	$11.19	$2.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4352**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$261.62	$142.57	$0.00	$31.73	$31.67	$0.00	$34.79	$7.63	$11.19	$2.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.31	$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	$3.56	$3.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.13	$7.13								
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	$29.10	$11.22	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$290.72**	**$153.79**	**$0.00**	**$31.73**	**$32.08**	**$0.00**	**$52.26**	**$7.63**	**$11.19**	**$2.04**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$205.22**									

FINAL

Provider: **JEFFERSONVILLE CARE CENTER LLC**
Prvdr ID: **003185378A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	41.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.35	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4948	1.4173
Quarterly Medicaid PDPM:	1.3843	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4120	1.5391

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	j
	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*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2021 GL-PL Rpt		4,942,146		816,995	779,698		1,650,582	159,724	722,571	83,410
	Inflation (July 2022) @ 3.20%			158,149		26,144	24,950		52,819			2,669
	Patient Days	FY 2023 Cost Rpt		37,355		37,355	37,355		37,355	37,355	37,355	37,355
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			136.54		22.57	21.54		45.60	4.28	19.34	2.30
	Base Period Facility PDPM for all Residents			**1.4948**								
	Routine Services PDPM Adjusted Net Per Diem			$91.34								
	Net Per Diems After PDPM Adjustments		$206.98	$91.34		$22.57	$21.54		$45.60	$4.28	$19.34	2.30
	Per Diem Standards			$121.00		$31.73	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$199.49	$91.34		$22.57	$21.54		$39.61	$4.28	17.85	2.30
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$199.49	$91.34		$22.57	$21.54		$39.61	$4.28	$17.85	$2.30
	Quarterly Facility PDPM for Medicaid Residents			**1.4120**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$128.97								
	Quarterly Medicaid PDPMA Allowed Per Diem		$237.12	$128.97		$22.57	$21.54		$39.61	$4.28	$17.85	$2.30
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.16	$0.53		$0.22	$0.41		$0.00			
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		$3.22	3.22								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.87	3.87								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$25.35									
	Quarterly PDPM Based Per Diem Rate		**$262.47**	**$136.59**		**$22.79**	**$21.95**		**$56.71**	**$4.28**	**$17.85**	**$2.30**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$184.03**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **ARCHWAY TRANSITIONAL CARE CENTER**
Prvdr ID: **003185502A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	77.01%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.45	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2771	1.4173
Quarterly Medicaid CMI:	1.3415	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.3683	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,389,678	$4,265,237	$0	$829,743	$396,296	$745,902	$1,360,291		$792,209	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($156,608)	($134,116)	$0	$0	$0	$6,450	($1,690)		($27,252)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$27,252
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,338,322	$4,131,121	$0	$829,743	$396,296	$752,352	$1,358,601	$78,000	$764,957	$27,252
8	Total Nursing Facility Days As Filed Days = 33,240	FY24 Audited C/R Days	33,224									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,240	FY24 GL-PL Ins Rpt Days								33,224		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$250.96	$124.34	$0.00	$24.97	$34.57	*(with L&H)*	$40.89	$2.35	$23.02	$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2771**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$97.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.36	$0.00	$24.97	$34.57		$40.89	$2.35	$23.02	$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$228.10	$97.36	$0.00	$24.97	$34.57		$39.61	$2.35	28.42 *(FRV)*	$0.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$228.10	$97.36	$0.00	$24.97	$34.57	$0.00	$39.61	$2.35	$28.42	$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3683**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$133.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$263.96	$133.22	$0.00	$24.97	$34.57	$0.00	$39.61	$2.35	$28.42	$0.82
	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	$7.33	$7.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.66	$6.66								
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	$32.25	$14.52	$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	**$296.21**	**$147.74**	**$0.00**	**$25.19**	**$34.98**	**$0.00**	**$56.71**	**$2.35**	**$28.42**	**$0.82**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$209.33**									

FINAL

Provider: **OCEANSIDE HEALTH AND REHAB**
Prvdr ID: **003188970A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	19.2%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1879	1.4173
Quarterly Medicaid PDPM:	1.7160	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7503	1.5391

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	j
	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*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2024**	FY2023 C/R -FY 2021 GL-PL Rpt		2,552,650		393,883	841,971		861,366	124,706	546,515	107,670
	Inflation (July 2022) @ 3.20%			81,685		12,604	26,943		27,564			3,445
	Patient Days	FY 2023 Cost Rpt		23,228		23,228	23,228		23,228	23,228	23,228	23,228
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 23 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			113.41		17.50	37.41		38.27	5.37	23.53	4.78
	Base Period Facility PDPM for all Residents			**1.1879**								
	Routine Services PDPM Adjusted Net Per Diem			$95.48								
	Net Per Diems After PDPM Adjustments		$222.33	$95.48		$17.50	$37.41		$38.27	$5.37	$23.53	4.78
	Per Diem Standards			$121.00		$31.73	$35.91		$39.61			
	Base Period PDPM Adjusted Allowed Per Diem		$216.86	$95.48		$17.50	$35.91		$38.27	$5.37	19.55	4.78
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$216.86	$95.48		$17.50	$35.91		$38.27	$5.37	$19.55	$4.78
	Quarterly Facility PDPM for Medicaid Residents			**1.7503**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$167.12								
	Quarterly Medicaid PDPMA Allowed Per Diem		$288.50	$167.12		$17.50	$35.91		$38.27	$5.37	$19.55	$4.78
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.12	$0.53		$0.22	$0.00		$0.37			
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)		$0.00	0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$3.34	3.34								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$21.56									
	Quarterly PDPM Based Per Diem Rate		**$310.06**	**$170.99**		**$17.72**	**$35.91**		**$55.74**	**$5.37**	**$19.55**	**$4.78**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$219.72**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **BOSTICK NURSING CENTER**
Prvdr ID: **003192286A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.22%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.00	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.0995	1.4173
Quarterly Medicaid CMI:	1.7279	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.7624	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$18,096,658	$10,651,281	$0	$1,888,059	$746,319	$1,243,702	$1,783,261		$1,784,036	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($618,208)	($54,261)	$0	($262)	$0	($21,946)	($250,462)		($291,277)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$267,373		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$291,277
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$18,037,100	$10,597,020	$0	$1,887,797	$746,319	$1,221,756	$1,532,799	$267,373	$1,492,759	$291,277
8	Total Nursing Facility Days As Filed Days = 83,890	FY24 Audited C/R Days	83,890									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,890	FY24 GL-PL Ins Rpt Days								83,890		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$215.00	$126.32	$0.00	$22.50	$23.46	*(with L&H)*	$18.27	$3.19	$17.79	$3.47
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.0995**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$114.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$114.89	$0.00	$22.50	$23.46		$18.27	$3.19	$17.79	$3.47
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.91	$114.89	$0.00	$22.50	$23.46		$18.27	$3.19	23.13 *(FRV)*	$3.47
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$208.91	$114.89	$0.00	$22.50	$23.46	$0.00	$18.27	$3.19	$23.13	$3.47
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7624**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$202.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$296.50	$202.48	$0.00	$22.50	$23.46	$0.00	$18.27	$3.19	$23.13	$3.47
	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	$2.02	$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.05	$4.05								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.70	$6.60	$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	**$321.20**	**$209.08**	**$0.00**	**$22.72**	**$23.87**	**$0.00**	**$35.74**	**$3.19**	**$23.13**	**$3.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$228.08**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GLEN EAGLE HEALTHCARE AND REHAB**
Prvdr ID: **003214231A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	43.48%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2631	1.4173
Quarterly Medicaid CMI:	1.5320	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.5626	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$4,688,260	$2,123,746	$0	$452,673	$219,792	$292,056	$1,208,496		$391,497	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($191,591)	($32,747)	$0	$0	$0	$0	($91,269)		($67,575)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$124,016		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$67,575
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$4,688,260	$2,090,999	$0	$452,673	$219,792	$292,056	$1,117,227	$124,016	$323,922	$67,575
8	Total Nursing Facility Days As Filed Days = 22,823	FY24 Audited C/R Days	22,823									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,823	FY24 GL-PL Ins Rpt Days								22,823		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$205.41	$91.62	$0.00	$19.83	$22.43	*(with L&H)*	$48.95	$5.43	$14.19	$2.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.2631**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$72.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.54	$0.00	$19.83	$22.43		$48.95	$5.43	$14.19	$2.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$175.44	$72.54	$0.00	$19.83	$22.43		$39.61	$5.43	12.64 *(FRV)*	$2.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$175.44	$72.54	$0.00	$19.83	$22.43	$0.00	$39.61	$5.43	$12.64	$2.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5626**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$113.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$216.25	$113.35	$0.00	$19.83	$22.43	$0.00	$39.61	$5.43	$12.64	$2.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$2.83	$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.40	$3.40								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.49	$6.76	$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	**$240.74**	**$120.11**	**$0.00**	**$20.05**	**$22.84**	**$0.00**	**$56.71**	**$5.43**	**$12.64**	**$2.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$167.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **MESUN HEALTH AND REHABILITATION CENTER**
Prvdr ID: **003245344A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	#N/A	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4728	1.4173
Quarterly Medicaid CMI:	1.3807	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4083	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,119,043	$3,953,667	$0	$701,266	$318,046	$218,721	$1,200,658		$726,685	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($355,561)	($247,552)	$0	$0	$4,392	($13,087)	($99,314)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$100,409		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$6,863,891	$3,706,115	$0	$701,266	$322,438	$205,634	$1,101,344	$100,409	$726,685	$0
8	Total Nursing Facility Days As Filed Days = 18,796	FY24 Audited C/R Days	18,796									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,796	FY24 GL-PL Ins Rpt Days								18,796		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$365.17	$197.18	$0.00	$37.31	$28.09	*(with L&H)*	$58.59	$5.34	$38.66	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.4728**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$133.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$133.89	$0.00	$37.31	$28.09		$58.59	$5.34	$38.66	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$261.35	$121.00	$0.00	$31.73	$28.09		$39.61	$5.34	35.58 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$261.35	$121.00	$0.00	$31.73	$28.09	$0.00	$39.61	$5.34	$35.58	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4083**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$170.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$310.75	$170.40	$0.00	$31.73	$28.09	$0.00	$39.61	$5.34	$35.58	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.41	$0.00	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.00	$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$17.51	$0.00	$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	**$328.26**	**$170.40**	**$0.00**	**$31.73**	**$28.50**	**$0.00**	**$56.71**	**$5.34**	**$35.58**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$233.37**									

FINAL

Provider: **Archbold Living Cairo**
Prvdr ID: **003294668A**
H/B ?: No
PDPM Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS:	5.6%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.76	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	Use Stwd	1.4173
Quarterly Medicaid PDPM:	1.1976	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2215	1.5391

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	FY2024 GL-PL Ins. Rpt								$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2024 GL-PL Ins. Rpt								0		
	Standard Per Diem (After PDPMA for Routine Srvcs)	FY 2024 Peer Group Limit		$121.00		$31.73	$35.91		$39.61		$46.08	$0.00
	Allowed @ 90% of Std		$251.51	$108.90		$28.56	$32.32		$35.65		$46.08	$0.00
	Growth Allowance 0.00%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem (After Growth Alowance)		$251.51	$108.90		$28.56	$32.32		$35.65	$ -	46.08	$0.00
	Quarterly Facility PDPM for Medicaid Residents			**1.2215**							*(FRV Rate)*	
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$133.02								
	Quarterly Medicaid PDPMA Allowed Per Diem		$279.54	$133.02		$28.56	$32.32		$35.65	3.91	$46.08	$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Srvs)		$0.00	$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.99	$3.99								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$21.09									
	Quarterly PDPM Based Per Diem Rate		**$300.63**	**$137.01**		**$28.56**	**$32.32**		**$52.75**	**3.91**	**$46.08**	**$0.00**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$212.65**										

FINAL

Provider: **PruittHealth - Creekside**
Prvdr ID: **003310647A**
H/B ?: No
PDPM Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS:	22.5%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.59	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	Use Stwd	1.4173
Quarterly Medicaid PDPM:	1.5585	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5896	1.5391

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	FY2024 GL-PL Ins. Rpt								$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2024 GL-PL Ins. Rpt								0		
	Standard Per Diem (After PDPMA for Routine Srvcs)	FY 2024 Peer Group Limit		$121.00		$31.73	$35.91		$39.61		$22.15	$0.00
	Allowed @ 90% of Std		$227.58	$108.90		$28.56	$32.32		$35.65		$22.15	$0.00
	Growth Allowance 0.00%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem (After Growth Alowance)		$227.58	$108.90		$28.56	$32.32		$35.65	$ -	22.15	$0.00
	Quarterly Facility PDPM for Medicaid Residents			**1.5896**							*(FRV Rate)*	
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$173.11								
	Quarterly Medicaid PDPMA Allowed Per Diem		$295.70	$173.11		$28.56	$32.32		$35.65	3.91	$22.15	$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Srvs)		$1.73	$1.73								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$5.19	$5.19								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$24.02									
	Quarterly PDPM Based Per Diem Rate		**$319.72**	**$180.03**		**$28.56**	**$32.32**		**$52.75**	**3.91**	**$22.15**	**$0.00**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$226.97**										

FINAL

Provider: **4Angels Of Byromville**
Prvdr ID: **003347041A**
H/B ?: No
PDPM Per Diem Rate Effective Date: **07/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS:	0.0%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	0.00	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	Use Stwd	1.4173
Quarterly Medicaid PDPM:	1.5090	1.5090
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5391	1.5391

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	FY2024 GL-PL Ins. Rpt								$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2024 GL-PL Ins. Rpt								0		
	Standard Per Diem (After PDPMA for Routine Srvcs)	FY 2024 Peer Group Limit		$121.00		$31.73	$35.91		$39.61		$14.99	$1.91
	Allowed @ 90% of Std		$222.33	$108.90		$28.56	$32.32		$35.65		$14.99	$1.91
	Growth Allowance 0.00%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem (After Growth Alowance)		$222.33	$108.90		$28.56	$32.32		$35.65	$ -	14.99	$1.91
	Quarterly Facility PDPM for Medicaid Residents			**1.5391**							*(FRV Rate)*	
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$167.61								
	Quarterly Medicaid PDPMA Allowed Per Diem		$284.95	$167.61		$28.56	$32.32		$35.65	3.91	$14.99	$1.91
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Srvs)		$0.00	$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%		$0.00	$0.00								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$17.10									
	Quarterly PDPM Based Per Diem Rate		**$302.05**	**$167.61**		**$28.56**	**$32.32**		**$52.75**	**3.91**	**$14.99**	**$1.91**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$213.71**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **PRUITTHEALTH - ROME**
Prvdr ID: **299031876A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	44.23%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.13	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5127	1.4173
Quarterly Medicaid CMI:	1.5950	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6269	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$9,286,434	$4,837,991	$0	$704,649	$434,328	$536,296	$1,306,313		$1,466,857	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($521,475)	($147,393)	$0	$0	($30,821)	($28,358)	($220,191)		($94,712)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$362,659		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$91,036
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$9,218,654	$4,690,598	$0	$704,649	$403,507	$507,938	$1,086,122	$362,659	$1,372,145	$91,036
8	Total Nursing Facility Days As Filed Days = 33,583	FY24 Audited C/R Days	33,583									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,583	FY24 GL-PL Ins Rpt Days								33,583		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$274.50	$139.67	$0.00	$20.98	$27.14	*(with L&H)*	$32.34	$10.80	$40.86	$2.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5127**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$92.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.33	$0.00	$20.98	$27.14		$32.34	$10.80	$40.86	$2.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$217.64	$92.33	$0.00	$20.98	$27.14		$32.34	$10.80	31.34 *(FRV)*	$2.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$217.64	$92.33	$0.00	$20.98	$27.14	$0.00	$32.34	$10.80	$31.34	$2.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6269**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$150.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$275.52	$150.21	$0.00	$20.98	$27.14	$0.00	$32.34	$10.80	$31.34	$2.71
	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	$3.76	$3.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.51	$7.51								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.90	$11.80	$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	**$305.42**	**$162.01**	**$0.00**	**$21.20**	**$27.55**	**$0.00**	**$49.81**	**$10.80**	**$31.34**	**$2.71**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$216.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **RELIABLE HEALTH & REHAB AT LAKEWOOD**
Prvdr ID: **321026473A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.25%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.13	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3516	1.4173
Quarterly Medicaid CMI:	1.4141	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.4423	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$8,146,705	$4,498,493	$0	$683,784	$477,567	$454,258	$1,288,500		$744,103	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($257,490)	($38,811)	$0	$0	$0	$17,255	($134,840)		($101,094)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$186,192		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$114,103
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$8,189,510	$4,459,682	$0	$683,784	$477,567	$471,513	$1,153,660	$186,192	$643,009	$114,103
8	Total Nursing Facility Days As Filed Days = 32,536	FY24 Audited C/R Days	32,536									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,536	FY24 GL-PL Ins Rpt Days								32,536		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$251.71	$137.07	$0.00	$21.02	$29.17	*(with L&H)*	$35.46	$5.72	$19.76	$3.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3516**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$101.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.41	$0.00	$21.02	$29.17		$35.46	$5.72	$19.76	$3.51
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.73	$101.41	$0.00	$21.02	$29.17		$35.46	$5.72	14.44 *(FRV)*	$3.51
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$210.73	$101.41	$0.00	$21.02	$29.17	$0.00	$35.46	$5.72	$14.44	$3.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4423**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$146.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$255.58	$146.26	$0.00	$21.02	$29.17	$0.00	$35.46	$5.72	$14.44	$3.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.66	$3.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.39	$4.39								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.68	$8.58	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$282.26**	**$154.84**	**$0.00**	**$21.24**	**$29.58**	**$0.00**	**$52.93**	**$5.72**	**$14.44**	**$3.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.87**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **GLENWOOD HEALTH AND REHABILITATION**
Prvdr ID: **701562744A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.79	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3041	1.4173
Quarterly Medicaid CMI:	1.6588	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.6919	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$3,467,851	$1,771,556	$0	$336,668	$159,535	$175,637	$599,540		$424,915	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($154,265)	($51,609)	$0	$524	$0	$748	($70,631)		($33,297)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$40,695		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$27,366
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$3,381,647	$1,719,947	$0	$337,192	$159,535	$176,385	$528,909	$40,695	$391,618	$27,366
8	Total Nursing Facility Days As Filed Days = 14,518	FY24 Audited C/R Days	14,539									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,518	FY24 GL-PL Ins Rpt Days								14,539		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$232.59	$118.30	$0.00	$23.19	$23.10	*(with L&H)*	$36.38	$2.80	$26.94	$1.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.3041**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$90.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.71	$0.00	$23.19	$23.10		$36.38	$2.80	$26.94	$1.88
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$192.70	$90.71	$0.00	$23.19	$23.10		$36.38	$2.80	14.64 *(FRV)*	$1.88
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$192.70	$90.71	$0.00	$23.19	$23.10	$0.00	$36.38	$2.80	$14.64	$1.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6919**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$153.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$255.46	$153.47	$0.00	$23.19	$23.10	$0.00	$36.38	$2.80	$14.64	$1.88
	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	$1.53	$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.60	$4.60								
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	$24.76	$6.66	$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	**$280.22**	**$160.13**	**$0.00**	**$23.41**	**$23.51**	**$0.00**	**$53.85**	**$2.80**	**$14.64**	**$1.88**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.34**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY 2024 Cost Report Data

Final

Provider: **EVERGREEN HEALTH AND REHABILITATION CENTER**
Prvdr ID: **835154999A**
Case Mix Per Diem Rate Effective Date: **7/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 03/31/26

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	80.25%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.11	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5461	1.4173
Quarterly Medicaid CMI:	1.7795	1.5090
Qrtrly Mcaid CMI w RUG Wght Options:	1.8151	1.5391

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 FY24 C/R - FY24 GL/PL Rpt	$7,667,733	$4,376,356	$0	$705,529	$462,410	$316,809	$1,491,490		$315,139	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY24 C/R Audit Adjstmts	($571,953)	($354,308)	$0	$0	$0	($12,506)	($170,935)		($34,204)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY24 GL/PL Rpt**								$207,871		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY24 C/R**										$34,204
7	Cost Center Costs After Audit Adjustments	FY24 Audited C/R	$7,337,855	$4,022,048	$0	$705,529	$462,410	$304,303	$1,320,555	$207,871	$280,935	$34,204
8	Total Nursing Facility Days As Filed Days = 33,069	FY24 Audited C/R Days	33,069									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,069	FY24 GL-PL Ins Rpt Days								33,069		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$221.91	$121.63	$0.00	$21.34	$23.19	*(with L&H)*	$39.93	$6.29	$8.50	$1.03
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY24		**1.5461**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.67	$0.00	$21.34	$23.19		$39.93	$6.29	$8.50	$1.03
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$121.00		$31.73	$35.91		$39.61	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.60	$78.67	$0.00	$21.34	$23.19		$39.61	$6.29	8.47 *(FRV)*	$1.03
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$178.60	$78.67	$0.00	$21.34	$23.19	$0.00	$39.61	$6.29	$8.47	$1.03
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8151**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$242.72	$142.79	$0.00	$21.34	$23.19	$0.00	$39.61	$6.29	$8.47	$1.03
	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	$7.85	$7.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.28	$4.28								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$30.39	$12.66	$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	**$273.11**	**$155.45**	**$0.00**	**$21.56**	**$23.60**	**$0.00**	**$56.71**	**$6.29**	**$8.47**	**$1.03**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.01**									