

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PARK PLACE NURSING FACILITY Prvdr ID: 00002164A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4488	1.5751		
				Qtrly BIMS score	20.00%	1.0%	Quarterly Medicaid CMI:			1.7712	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	3.30	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8053	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,970,481	\$5,416,106	\$0	\$1,285,023	\$1,166,712	\$0	\$1,824,754		\$277,886	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$752,491)	(\$79,287)	\$0	\$0	\$3,953	\$1,997	(\$564,734)		(\$114,420)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$533,415			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$112,929	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,864,334	\$5,336,819	\$0	\$1,285,023	\$1,170,665	\$1,997	\$1,260,020	\$533,415	\$163,466	\$112,929	
8	Total Nursing Facility Days	As Filed Days = 47,089 FY21 Audited C/R Days	47,089										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,089 FY21 GL-PL Ins Rpt Days								47,089			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.48	\$113.33	\$0.00	\$27.29	\$24.90	(with L&H)	\$26.76	\$11.33	\$3.47	\$2.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4488									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.22									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.22	\$0.00	\$27.29	\$24.90		\$26.76	\$11.33	\$3.47	\$2.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.73	\$78.22	\$0.00	\$26.82	\$24.90		\$26.76	\$11.33	13.30 (FRV)	\$2.40	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.73	\$78.22	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8053									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.72	\$141.21	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.06	\$7.06									
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	\$26.88	\$9.00	\$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	\$273.60	\$150.21	\$0.00	\$26.82	\$25.31	\$0.00	\$44.23	\$11.33	\$13.30	\$2.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.38										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: NEWNAN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040719A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5298	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.87%	1.0%	Quarterly Medicaid CMI:			1.5373	1.5932
							3.87	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5620	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,591,179	\$3,072,701	\$0	\$558,360	\$664,202	\$0	\$1,078,904		\$217,012	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$122,057)	(\$2,796)	\$0	(\$684)	\$0	(\$729)	(\$100,987)		(\$16,861)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$108,160			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,861	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,594,143	\$3,069,905	\$0	\$557,676	\$664,202	(\$729)	\$977,917	\$108,160	\$200,151	\$16,861	
8	Total Nursing Facility Days	As Filed Days = 23,962 FY21 Audited C/R Days	23,962										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,962 FY21 GL-PL Ins Rpt Days								23,962			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.45	\$128.12	\$0.00	\$23.27	\$27.69	(with L&H)	\$40.81	\$4.51	\$8.35	\$0.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5298									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.75									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.75	\$0.00	\$23.27	\$27.69		\$40.81	\$4.51	\$8.35	\$0.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.48	\$83.75	\$0.00	\$23.27	\$27.69		\$36.91	\$4.51	13.65 (FRV)	\$0.70	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.48	\$83.75	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5620									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.55	\$130.82	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$26.11	\$8.38	\$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	\$263.66	\$139.20	\$0.00	\$23.49	\$28.10	\$0.00	\$54.01	\$4.51	\$13.65	\$0.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.92										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance			
			a	b	c	d	e	f	g	g	h	i	
Provider: RIVERVIEW HEALTH & REHAB CTR Prvdr ID: 00040741A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													
			Growth Allowance: N/A Qtrly BIMS score: 25.60% Nurse Hours per On-Site Day/Quality Incentive: 2.56				Add-on Percent: 0.00% 1.0% 2.0%				Facility Specific: 1.4615 1.5892 1.6178		State-wide: 1.5751 1.5932 1.6218
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$2,189,973		\$1,272,054	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$584,980)	\$0	\$0	\$0	\$0	\$0	(\$483,548)		(\$101,432)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$483,548			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$101,432	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$1,706,425	\$483,548	\$1,170,622	\$101,432	
8	Total Nursing Facility Days	FY21 Audited C/R Days	51,330										
	As Filed Days = 51,330												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								51,330			
	As Filed Days = 51,330												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$260.80	\$146.38	\$0.00	\$24.79	\$22.18	(with L&H)	\$33.24	\$9.42	\$22.81	\$1.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4615									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.16									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$100.16	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	\$22.81	\$1.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.37	\$99.82	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	30.94 (FRV)	\$1.98	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.37	\$99.82	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6178									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$161.49									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.04	\$161.49	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23									
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	\$5.84	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$289.88	\$166.33	\$0.00	\$25.01	\$22.59	\$0.00	\$33.61	\$9.42	\$30.94	\$1.98	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$217.41										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
Provider: THE WILLIAM BREMAN JEWISH HOME Prvdr ID: 00040752A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6719	1.5751	Qtrly BIMS score	50.00%	5.5%	Quarterly Medicaid CMI:	1.2734	1.5932	Nurse Hours per On-Site Day/Quality Incentive:	5.20	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.2922	1.6218
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																					
Peer Group Standards & Efficiency Measure Limits																														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																					
Base Period Per Diem Allowed Amounts																														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,817,629	\$4,610,927	\$0	\$1,501,114	\$1,278,081	\$0	\$1,480,066		\$947,441	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,615)	\$0	\$0	\$0	\$0	\$0	(\$137,727)		(\$36,888)																			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$137,727																				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																	\$36,888											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,817,629	\$4,610,927	\$0	\$1,501,114	\$1,278,081	\$0	\$1,342,339	\$137,727	\$910,553	\$36,888																		
8	Total Nursing Facility Days	As Filed Days = 25,930																												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,930																												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$378.62	\$177.82	\$0.00	\$57.89	\$49.29	(with L&H)	\$51.77	\$5.31	\$35.12	\$1.42																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6719																										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.36																										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$106.36	\$0.00	\$57.89	\$49.29		\$51.77	\$5.31	\$35.12	\$1.42																		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.58	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$5.31	27.02	\$1.42																		
											(FRV)																			
Quarterly Per Diem Rate Prior to Add-ons																														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.58	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2922																										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.99																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.75	\$128.99	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42																		
Quarterly Per Diem Add-on Amounts																														
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00																		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.09	\$7.09																										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87																										
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	\$28.06	\$10.96	\$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	\$287.81	\$139.95	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.31	\$27.02	\$1.42																		
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 FY2021 Cost Report Data

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Provider: SIGNATURE HEALTHCARE OF BUCKHEAD		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040763A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8411	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.00%	2.5%	Quarterly Medicaid CMI:			1.9689	1.5932
							3.17	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0078	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,334,893	\$6,862,583	\$0	\$800,971	\$1,151,661	\$0	\$2,682,727		\$836,951	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$268,651)	(\$27,263)	\$0	(\$3,054)	\$2,719	\$4,408	(\$155,961)		(\$89,500)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$144,202			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$97,786	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,308,230	\$6,835,320	\$0	\$797,917	\$1,154,380	\$4,408	\$2,526,766	\$144,202	\$747,451	\$97,786	
8	Total Nursing Facility Days As Filed Days = 44,926	FY21 Audited C/R Days	44,926										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,926	FY21 GL-PL Ins Rpt Days								44,926			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.97	\$152.15	\$0.00	\$17.76	\$25.79	(with L&H)	\$56.24	\$3.21	\$16.64	\$2.18	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8411									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.64									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.64	\$0.00	\$17.76	\$25.79		\$56.24	\$3.21	\$16.64	\$2.18	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.46	\$82.64	\$0.00	\$17.76	\$25.79		\$36.91	\$3.21	10.97 (FRV)	\$2.18	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.46	\$82.64	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0078									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$165.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.74	\$165.92	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18	
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.15	\$4.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$29.05	\$11.32	\$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	\$291.79	\$177.24	\$0.00	\$17.98	\$26.20	\$0.00	\$54.01	\$3.21	\$10.97	\$2.18	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.02										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Magnolia Manor Methodist Nursing Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State- wide	
Prvdr ID: 00040785A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6909	1.5751	
H/B ? : No				Case Mix Per Diem Rate Effective Date: 04/01/24		BIMS:	34.7%	2.5%	Quarterly Medicaid CMI:			1.6076	1.5195
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23				Nurse Hours per On-Site Day/Quality Incentive:		4.39	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6392	1.5463	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PINE VIEW NURSING AND REHAB CENTER Prvdr ID: 00040796A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 2.99				N/A	0.00% 1.0% 3.0%	Base Period Overall CMI: 1.3658 Quarterly Medicaid CMI: 1.9081 Qtrly Mcaid CMI w RUG Wght Options: 1.9445			1.3658 1.9081 1.9445	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,075,621	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$867,207		\$260,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$307,720)	\$0	\$0	\$0	\$0	\$0	(\$271,189)		(\$36,531)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$273,620		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,531
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,078,052	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$596,018	\$273,620	\$224,116	\$36,531
8	Total Nursing Facility Days	As Filed Days = 19,797 FY21 Audited C/R Days	19,797									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,797 FY21 GL-PL Ins Rpt Days								19,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.00	\$103.20	\$0.00	\$21.02	\$24.68	(with L&H)	\$30.11	\$13.82	\$11.32	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3658								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.56	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	\$11.32	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.11	\$75.56	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	9.07 (FRV)	\$1.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.11	\$75.56	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9445								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.48	\$146.93	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.41	\$4.41								
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	\$24.51	\$6.41	\$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	\$271.99	\$153.34	\$0.00	\$21.24	\$25.09	\$0.00	\$47.58	\$13.82	\$9.07	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
Provider: TWIN VIEW HEALTH AND REHAB Prvdr ID: 00040807A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6274	1.5751	Qtrly BIMS score	30.16%	2.5%	Quarterly Medicaid CMI:	1.9244	1.5932	Nurse Hours per On-Site Day/Quality Incentive:	2.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.9614	1.6218
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																					
Peer Group Standards & Efficiency Measure Limits																														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																					
Base Period Per Diem Allowed Amounts																														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,458,229		\$634,341	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$86,456)	\$0	\$0	\$0	\$0	\$0	(\$42,319)		(\$44,137)																			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$42,319																				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,137																		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,415,910	\$42,319	\$590,204	\$44,137																		
8	Total Nursing Facility Days	FY21 Audited C/R Days	31,639																											
	As Filed Days = 31,639																													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								31,639																				
	As Filed Days = 31,639																													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.47	\$75.05	\$0.00	\$12.05	\$16.23	(with L&H)	\$44.75	\$1.34	\$18.65	\$1.40																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6274																										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12																										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$12.05	\$16.23		\$44.75	\$1.34	\$18.65	\$1.40																		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.44	\$46.12	\$0.00	\$12.05	\$16.23		\$36.91	\$1.34	9.39 (FRV)	\$1.40																		
Quarterly Per Diem Rate Prior to Add-ons																														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.44	\$46.12	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9614																										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.46																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.78	\$90.46	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40																		
Quarterly Per Diem Add-on Amounts																														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00																		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26																										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71																										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00																		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.01	\$95.96	\$0.00	\$12.27	\$16.64	\$0.00	\$54.01	\$1.34	\$9.39	\$1.40																		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.43																											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: A.G. RHODES HOME WESLEY WOODS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040818A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9697	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	47.95%	5.5%	Quarterly Medicaid CMI:			1.6903	1.5932
							4.35	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7191	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,482,790	\$7,228,606	\$0	\$1,422,061	\$1,457,962	\$0	\$2,879,146		\$495,015	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$312,440)	(\$67,765)	\$0	\$0	\$0	(\$2,930)	(\$191,886)		(\$49,859)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$191,886			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$49,859	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,412,095	\$7,160,841	\$0	\$1,422,061	\$1,457,962	(\$2,930)	\$2,687,260	\$191,886	\$445,156	\$49,859	
8	Total Nursing Facility Days As Filed Days = 42,172	FY21 Audited C/R Days	42,172										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,172	FY21 GL-PL Ins Rpt Days								42,172			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$318.03	\$169.80	\$0.00	\$33.72	\$34.50	(with L&H)	\$63.72	\$4.55	\$10.56	\$1.18	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9697									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.21									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.21	\$0.00	\$33.72	\$34.50		\$63.72	\$4.55	\$10.56	\$1.18	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.03	\$86.21	\$0.00	\$26.82	\$33.28		\$36.91	\$4.55	16.08 (FRV)	\$1.18	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.03	\$86.21	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7191									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.02	\$148.20	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.15	\$8.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$33.19	\$16.09	\$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	\$300.21	\$164.29	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.55	\$16.08	\$1.18	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.33										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - AUSTELL Prvdr ID: 00059276A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score: N/A	Add-on Percent: 0.00%					Facility Specific: 1.6540	State-wide: 1.5751
							Qtrly BIMS score: 32.50%	Add-on Percent: 2.5%					Quarterly Medicaid CMI: 1.9144	State-wide: 1.5932
							Nurse Hours per On-Site Day/Quality Incentive: 4.03	Add-on Percent: 6.0%					Qtrly Mcaid CMI w RUG Wght Options: 1.9518	State-wide: 1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,107,137	\$4,337,535	\$0	\$819,528	\$840,605	\$0	\$1,640,508		\$468,961	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$618,525)	(\$123,162)	\$0	\$0	(\$4,384)	(\$4,303)	(\$423,168)		(\$63,508)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$539,088				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,204		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,079,904	\$4,214,373	\$0	\$819,528	\$836,221	(\$4,303)	\$1,217,340	\$539,088	\$405,453	\$52,204		
8	Total Nursing Facility Days	As Filed Days = 39,749 FY21 Audited C/R Days	39,749											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,749 FY21 GL-PL Ins Rpt Days								39,749				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.27	\$106.02	\$0.00	\$20.62	\$20.93	(with L&H)	\$30.63	\$13.56	\$10.20	\$1.31		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6540										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.10										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.10	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	\$10.20	\$1.31		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.46	\$64.10	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	13.31 (FRV)	\$1.31		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.46	\$64.10	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9518										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.11										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.47	\$125.11	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	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	\$29.27	\$11.17	\$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	\$254.74	\$136.28	\$0.00	\$20.84	\$21.34	\$0.00	\$48.10	\$13.56	\$13.31	\$1.31		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.23											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: NORTHRIDGE HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059331A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4632	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.62%	1.0%	Quarterly Medicaid CMI:			1.2476	1.5932
							2.72	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2651	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,398,513	\$3,241,152	\$0	\$621,073	\$847,062	\$0	\$1,079,898		\$609,328	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$60,065)	\$37,744	\$0	\$9,241	\$0	\$9,471	(\$104,086)		(\$12,435)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,840			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,435	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,437,723	\$3,278,896	\$0	\$630,314	\$847,062	\$9,471	\$975,812	\$86,840	\$596,893	\$12,435	
8	Total Nursing Facility Days As Filed Days = 28,402	FY21 Audited C/R Days	28,402										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,402	FY21 GL-PL Ins Rpt Days								28,402			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.68	\$115.45	\$0.00	\$22.19	\$30.16	(with L&H)	\$34.36	\$3.06	\$21.02	\$0.44	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4632									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.91									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.91	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	\$21.02	\$0.44	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.68	\$78.91	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	21.56 (FRV)	\$0.44	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.68	\$78.91	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$21.56	\$0.44	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2651									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.60	\$99.83	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$21.56	\$0.44	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.22	\$105.35	\$0.00	\$22.41	\$30.57	\$0.00	\$51.83	\$3.06	\$21.56	\$0.44	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.59										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: THE BELL MINOR HOME Prvdr ID: 00059397A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A Qtrly BIMS score: 33.85% Nurse Hours per On-Site Day/Quality Incentive: 3.14				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall CMI: 1.7042 Quarterly Medicaid CMI: 1.6561 Qtrly Mcaid CMI w RUG Wght Options: 1.6892	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,703,141	\$3,320,839	\$0	\$524,837	\$536,001	\$0	\$1,357,015		\$1,964,449	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,312)	\$0	\$0	\$0	\$0	\$0	(\$216,206)		(\$65,106)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$209,748		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$65,106
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,696,683	\$3,320,839	\$0	\$524,837	\$536,001	\$0	\$1,140,809	\$209,748	\$1,899,343	\$65,106
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,745									
	As Filed Days = 28,745											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,745		
	As Filed Days = 28,745											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$267.77	\$115.53	\$0.00	\$18.26	\$18.65	(with L&H)	\$39.69	\$7.30	\$66.08	\$2.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7042								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.79	\$0.00	\$18.26	\$18.65		\$39.69	\$7.30	\$66.08	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.94	\$67.79	\$0.00	\$18.26	\$18.65		\$36.91	\$7.30	13.77 (FRV)	\$2.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.94	\$67.79	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6892								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.66	\$114.51	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44								
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	\$24.56	\$6.83	\$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	\$236.22	\$121.34	\$0.00	\$18.48	\$19.06	\$0.00	\$54.01	\$7.30	\$13.77	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: AZALEA HEALTH AND REHABILITATION CENTER Prvdr ID: 00059441A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
														N/A	0.00%	N/A	30.00%	3.61	3.0%	1.6667	1.5751	
																				1.8999	1.5932	
																				1.9379	1.6218	
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
	Peer Group Standards & Efficiency Measure Limits																					
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
	Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,477,747	\$3,484,636	\$0	\$570,067	\$530,237	\$0	\$720,145		\$1,172,662	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$137,859	(\$137,975)	\$0	(\$3,500)	(\$1,159)	\$2,912	\$325,894		(\$48,313)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$7,131												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$48,398										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,671,135	\$3,346,661	\$0	\$566,567	\$529,078	\$2,912	\$1,046,039	\$7,131	\$1,124,349	\$48,398										
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,933																			
	As Filed Days = 25,933																					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,933												
	As Filed Days = 25,933																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.25	\$129.05	\$0.00	\$21.85	\$20.51	(with L&H)	\$40.34	\$0.27	\$43.36	\$1.87										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6667																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.43																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.43	\$0.00	\$21.85	\$20.51		\$40.34	\$0.27	\$43.36	\$1.87										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.79	\$77.43	\$0.00	\$21.85	\$20.51		\$36.91	\$0.27	13.95	\$1.87										
											(FRV)											
	Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.79	\$77.43	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9379																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.05																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.41	\$150.05	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00										
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.75	\$3.75																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$26.51	\$8.78	\$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	\$271.92	\$158.83	\$0.00	\$22.07	\$20.92	\$0.00	\$54.01	\$0.27	\$13.95	\$1.87										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.12																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide				
Provider: NORTH DECATUR HEALTH AND REHABILITATION CENTER Prvdr ID: 00059452A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.8020	1.5751				
													Qtrly BIMS score	17.50%	0.0%	Quarterly Medicaid CMI:	1.8233	1.5932				
													Nurse Hours per On-Site Day/Quality Incentive:	2.52	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8592	1.6218				
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,881,579	\$2,552,761	\$0	\$402,375	\$386,137	\$0	\$912,637		\$627,669	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$72,539)	(\$1,439)	\$0	(\$1,537)	(\$2,794)	(\$2,118)	\$323		(\$64,974)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$234,159												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,883										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,107,082	\$2,551,322	\$0	\$400,838	\$383,343	(\$2,118)	\$912,960	\$234,159	\$562,695	\$63,883										
8	Total Nursing Facility Days	As Filed Days = 21,028 FY21 Audited C/R Days		21,028																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,028 FY21 GL-PL Ins Rpt Days								21,028												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.88	\$121.33	\$0.00	\$19.06	\$18.13	(with L&H)	\$43.42	\$11.14	\$26.76	\$3.04										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8020																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.33	\$0.00	\$19.06	\$18.13		\$43.42	\$11.14	\$26.76	\$3.04										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.68	\$67.33	\$0.00	\$19.06	\$18.13		\$36.91	\$11.14	12.07 (FRV)	\$3.04										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.68	\$67.33	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8592																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.18																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.53	\$125.18	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50																		
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	\$20.76	\$3.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.29	\$128.21	\$0.00	\$19.28	\$18.54	\$0.00	\$54.01	\$11.14	\$12.07	\$3.04										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.89																			

Quarterly Case Mix Based Per Diem Rate Calculations
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Provider: PRUITTHEALTH - AUGUSTA Prvdr ID: 00059463A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide						
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A		Qtrly BIMS score: 20.27%		Nurse Hours per On-Site Day/Quality Incentive: 3.41		Base Period Overall CMI: 1.5473		Quarterly Medicaid CMI: 1.5208		Qtrly Mcaid CMI w RUG Wght Options: 1.5472		1.5751		1.5932		1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance							
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes										
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,391,168	\$3,473,721	\$0	\$588,918	\$796,394	\$0	\$1,330,528		\$201,607	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$498,724)	(\$122,775)	\$0	\$0	\$0	\$846	(\$338,801)		(\$37,994)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$434,391									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$37,371							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,364,206	\$3,350,946	\$0	\$588,918	\$796,394	\$846	\$991,727	\$434,391	\$163,613	\$37,371							
8	Total Nursing Facility Days As Filed Days = 27,419	FY21 Audited C/R Days	27,419																
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,419	FY21 GL-PL Ins Rpt Days								27,419									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.11	\$122.21	\$0.00	\$21.48	\$29.08	(with L&H)	\$36.17	\$15.84	\$5.97	\$1.36							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5473															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.98															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.98	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	\$5.97	\$1.36							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.20	\$78.98	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	11.29 (FRV)	\$1.36							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.20	\$78.98	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$1.36							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5472															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.20															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.42	\$122.20	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$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	\$262.16	\$128.84	\$0.00	\$21.70	\$29.49	\$0.00	\$53.64	\$15.84	\$11.29	\$1.36							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.80																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
Provider: BOLINGREEN HEALTH AND REHABILITATION Prvdr ID: 00059485A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6188	1.5751	Qtrly BIMS score	13.73%	0.0%	Quarterly Medicaid CMI:	1.4255	1.5932	Nurse Hours per On-Site Day/Quality Incentive:	3.98	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4484	1.6218
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																					
Peer Group Standards & Efficiency Measure Limits																														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																					
Base Period Per Diem Allowed Amounts																														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,610,580	\$3,262,896	\$0	\$650,634	\$703,694	\$0	\$1,142,810		\$850,546	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$197,900)	\$16,093	\$0	(\$720)	\$1,124	\$715	(\$202,798)		(\$12,314)																			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$127,413																				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,357																		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,552,450	\$3,278,989	\$0	\$649,914	\$704,818	\$715	\$940,012	\$127,413	\$838,232	\$12,357																		
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,268																											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,268																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.31	\$129.77	\$0.00	\$25.72	\$27.92	(with L&H)	\$37.20	\$5.04	\$33.17	\$0.49																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6188																										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.16																										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.16	\$0.00	\$25.72	\$27.92		\$37.20	\$5.04	\$33.17	\$0.49																		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.00	\$80.16	\$0.00	\$25.72	\$27.92		\$36.91	\$5.04	12.76 (FRV)	\$0.49																		
Quarterly Per Diem Rate Prior to Add-ons																														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.00	\$80.16	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$12.76	\$0.49																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4484																										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.10																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.94	\$116.10	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$12.76	\$0.49																		
Quarterly Per Diem Add-on Amounts																														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00																			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.81	\$5.81																										
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	\$24.07	\$6.34	\$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	\$249.01	\$122.44	\$0.00	\$25.94	\$28.33	\$0.00	\$54.01	\$5.04	\$12.76	\$0.49																		
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 FY2021 Cost Report Data

FINAL

Provider: BROWN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059562A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6533	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.37%	1.0%	Quarterly Medicaid CMI:			1.5833	1.5932
							3.67	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6103	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,372,178	\$3,384,168	\$0	\$601,357	\$958,424	\$0	\$1,139,741		\$288,488	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$146,026)	(\$3,234)	\$0	(\$799)	\$0	(\$1,083)	(\$115,441)		(\$25,469)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,469	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,355,621	\$3,380,934	\$0	\$600,558	\$958,424	(\$1,083)	\$1,024,300	\$104,000	\$263,019	\$25,469	
8	Total Nursing Facility Days As Filed Days = 27,991	FY21 Audited C/R Days	27,991										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,991	FY21 GL-PL Ins Rpt Days								27,991			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.07	\$120.79	\$0.00	\$21.46	\$34.20	(with L&H)	\$36.59	\$3.72	\$9.40	\$0.91	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6533									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.06									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.06	\$0.00	\$21.46	\$34.20		\$36.59	\$3.72	\$9.40	\$0.91	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.05	\$73.06	\$0.00	\$21.46	\$33.28		\$36.59	\$3.72	19.03 (FRV)	\$0.91	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.05	\$73.06	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6103									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.64	\$117.65	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$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)	\$0.99	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.24		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.06	\$7.06									
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	\$26.33	\$8.77	\$0.00	\$0.22	\$0.00	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.97	\$126.42	\$0.00	\$21.68	\$33.28	\$0.00	\$53.93	\$3.72	\$19.03	\$0.91	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.40										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CARROLLTON NURSING & REHAB CTR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00059661A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.6520	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	25.32%	Quarterly Medicaid CMI:				1.3925	1.5932	
					2.73	Qtrly Mcaid CMI w RUG Wght Options:				1.4150	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,304,706		\$1,218,197	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$73,801)	\$0	\$0	\$0	\$0	\$0	(\$16,242)		(\$57,559)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$16,242		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,559
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,288,464	\$16,242	\$1,160,638	\$57,559
8	Total Nursing Facility Days	FY21 Audited C/R Days	34,428									
	As Filed Days = 34,428											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								34,428		
	As Filed Days = 34,428											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.99	\$97.58	\$0.00	\$18.76	\$19.38	(with L&H)	\$37.42	\$0.47	\$33.71	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6520								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.07	\$0.00	\$18.76	\$19.38		\$37.42	\$0.47	\$33.71	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.90	\$59.07	\$0.00	\$18.76	\$19.38		\$36.91	\$0.47	8.64 (FRV)	\$1.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.90	\$59.07	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4150								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.41	\$83.58	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
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	\$21.61	\$3.88	\$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	\$191.02	\$87.46	\$0.00	\$18.98	\$19.79	\$0.00	\$54.01	\$0.47	\$8.64	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: CHAPLINWOOD NURSING HOME Prvdr ID: 00059694A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4511	1.5751
							32.43%	2.5%					1.4362	1.5932
							3.82	5.0%					1.4605	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,911,710	\$2,741,653	\$0	\$722,370	\$623,310	\$0	\$964,829		\$859,548	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$199,865)	(\$5,892)	\$0	(\$735)	(\$17,060)	(\$664)	(\$146,115)		(\$29,399)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,390		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,846,586	\$2,735,761	\$0	\$721,635	\$606,250	(\$664)	\$818,714	\$105,351	\$830,149	\$29,390		
8	Total Nursing Facility Days As Filed Days = 25,746	FY21 Audited C/R Days	25,765											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,746	FY21 GL-PL Ins Rpt Days								25,765				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.92	\$106.18	\$0.00	\$28.01	\$23.50	(with L&H)	\$31.78	\$4.09	\$32.22	\$1.14		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4511										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.17										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.17	\$0.00	\$28.01	\$23.50		\$31.78	\$4.09	\$32.22	\$1.14		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.23	\$73.17	\$0.00	\$26.82	\$23.50		\$31.78	\$4.09	11.73 (FRV)	\$1.14		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.23	\$73.17	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4605										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.86										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.92	\$106.86	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.34	\$5.34										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.42	\$8.54	\$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	\$232.34	\$115.40	\$0.00	\$26.82	\$23.91	\$0.00	\$49.25	\$4.09	\$11.73	\$1.14		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.43											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HAZELHURST COURT CARE AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059705A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5314	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.23%	1.0%	Quarterly Medicaid CMI:			1.7231	1.5932
							2.54	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7551	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,730,251	\$1,976,701	\$0	\$319,522	\$357,678	\$0	\$598,933		\$477,417	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$79,831)	\$0	\$0	\$0	(\$1,588)	(\$1,433)	(\$60,607)		(\$16,203)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,030			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,066	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,714,516	\$1,976,701	\$0	\$319,522	\$356,090	(\$1,433)	\$538,326	\$48,030	\$461,214	\$16,066	
8	Total Nursing Facility Days	As Filed Days = 20,795 FY21 Audited C/R Days	20,795										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,795 FY21 GL-PL Ins Rpt Days								20,795			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.63	\$95.06	\$0.00	\$15.37	\$17.05	(with L&H)	\$25.89	\$2.31	\$22.18	\$0.77	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5314									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.07	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	\$22.18	\$0.77	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.90	\$62.07	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	7.44 (FRV)	\$0.77	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.90	\$62.07	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7551									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.77	\$108.94	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.18	\$2.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.90	\$3.80	\$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	\$199.67	\$112.74	\$0.00	\$15.59	\$17.46	\$0.00	\$43.36	\$2.31	\$7.44	\$0.77	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.93										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOUTHWELL HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059826A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3026	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	46.15%	5.5%	Quarterly Medicaid CMI:			1.3191	1.5932
							3.66	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3394	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,115,461	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$370,570		\$1,343,946	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,264)	\$0	\$0	\$0	\$0	\$0	(\$18,221)		(\$12,043)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,867			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,043	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,113,107	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$352,349	\$15,867	\$1,331,903	\$12,043	
8	Total Nursing Facility Days	As Filed Days = 33,254 FY21 Audited C/R Days	33,254										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,254 FY21 GL-PL Ins Rpt Days								33,254			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.97	\$140.75	\$0.00	\$32.01	\$19.72	(with L&H)	\$10.60	\$0.48	\$40.05	\$0.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3026									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.06									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.06	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	\$40.05	\$0.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.66	\$99.82	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	24.67 (FRV)	\$0.36	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.66	\$99.82	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3394									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.54	\$133.70	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$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)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.35	\$7.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$29.46	\$11.36	\$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	\$251.00	\$145.06	\$0.00	\$32.23	\$20.13	\$0.00	\$28.07	\$0.48	\$24.67	\$0.36	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CORDELE HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059892A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7385	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	18.52%	0.0%	Quarterly Medicaid CMI:			1.6650	1.5932
							3.47	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6961	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,323,383	\$3,422,865	\$0	\$593,067	\$261,502	\$272,847	\$1,190,580		\$582,522	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$126,965)	\$212,715	\$0	(\$141,973)	(\$2,295)	(\$41,405)	(\$148,227)		(\$5,780)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,092			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,979	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,252,489	\$3,635,580	\$0	\$451,094	\$259,207	\$231,442	\$1,042,353	\$48,092	\$576,742	\$7,979	
8	Total Nursing Facility Days As Filed Days = 18,671	FY21 Audited C/R Days	18,679										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,671	FY21 GL-PL Ins Rpt Days								18,679			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$334.73	\$194.63	\$0.00	\$24.15	\$26.27	(with L&H)	\$55.80	\$2.57	\$30.88	\$0.43	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7385									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.96									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$111.96	\$0.00	\$24.15	\$26.27		\$55.80	\$2.57	\$30.88	\$0.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.82	\$99.82	\$0.00	\$24.15	\$26.27		\$36.91	\$2.57	9.67 (FRV)	\$0.43	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.82	\$99.82	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6961									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$169.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$269.30	\$169.30	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.08	\$5.08									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$5.08	\$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	\$292.11	\$174.38	\$0.00	\$24.37	\$26.68	\$0.00	\$54.01	\$2.57	\$9.67	\$0.43	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.26										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DUBLINAIR HEALTH & REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00059947A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5934	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	31.76%	Quarterly Medicaid CMI:				1.7525	1.5932	
					3.18	Qtrly Mcaid CMI w RUG Wght Options:				1.7873	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,723,633	\$3,635,916	\$0	\$673,920	\$631,207	\$0	\$1,049,540		\$733,050	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$193,169)	(\$340,290)	\$0	\$0	\$1,281	\$557	\$208,447		(\$63,164)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,463
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,587,927	\$3,295,626	\$0	\$673,920	\$632,488	\$557	\$1,257,987	\$0	\$669,886	\$57,463
8	Total Nursing Facility Days As Filed Days = 31,218	FY21 Audited C/R Days	31,222									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,218	FY21 GL-PL Ins Rpt Days								31,222		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.00	\$105.55	\$0.00	\$21.58	\$20.28	(with L&H)	\$40.29	\$0.00	\$21.46	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5934								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.24	\$0.00	\$21.58	\$20.28		\$40.29	\$0.00	\$21.46	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.25	\$66.24	\$0.00	\$21.58	\$20.28		\$36.91	\$0.00	9.40 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.25	\$66.24	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7873								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.40	\$118.39	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.77	\$7.04	\$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	\$233.17	\$125.43	\$0.00	\$21.80	\$20.69	\$0.00	\$54.01	\$0.00	\$9.40	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: RIVER TOWNE CENTER Pvdr ID: 00082684A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A Qtrly BIMS score: 23.08% Nurse Hours per On-Site Day/Quality Incentive: 3.64				Add-on Percent: 0.00% 1.0% 3.0%				Base Period Overall CMI: 1.7626 Quarterly Medicaid CMI: 2.0269 Qtrly Mcaid CMI w RUG Wght Options: 2.0673	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,985,902	\$4,829,017	\$0	\$664,958	\$579,286	\$0	\$1,803,360		\$1,109,281	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$306,534)	(\$75,593)	\$0	\$0	(\$10,418)	(\$8,885)	(\$137,926)		(\$73,712)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$200,258		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,256
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,950,882	\$4,753,424	\$0	\$664,958	\$568,868	(\$8,885)	\$1,665,434	\$200,258	\$1,035,569	\$71,256
8	Total Nursing Facility Days	FY21 Audited C/R Days	39,612	39,612								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								39,612		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.97	\$120.00	\$0.00	\$16.79	\$14.14	(with L&H)	\$42.04	\$5.06	\$26.14	\$1.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7626								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.08	\$0.00	\$16.79	\$14.14		\$42.04	\$5.06	\$26.14	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.07	\$68.08	\$0.00	\$16.79	\$14.14		\$36.91	\$5.06	8.29 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.07	\$68.08	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0673								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.73	\$140.74	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.89	\$6.16	\$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	\$247.62	\$146.90	\$0.00	\$17.01	\$14.55	\$0.00	\$54.01	\$5.06	\$8.29	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: HEARDMONT HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00082981A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6148	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.55%	1.0%	Quarterly Medicaid CMI:			1.5603	1.5932
							2.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5899	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,822,690	\$1,397,452	\$0	\$278,543	\$350,395	\$0	\$554,209		\$242,091	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$53,131)	(\$15,507)	\$0	\$0	\$0	\$0	(\$19,802)		(\$17,822)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,822	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,787,381	\$1,381,945	\$0	\$278,543	\$350,395	\$0	\$534,407	\$0	\$224,269	\$17,822	
8	Total Nursing Facility Days	FY21 Audited C/R Days	15,257										
	As Filed Days = 15,257												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								15,257			
	As Filed Days = 15,257												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.71	\$90.58	\$0.00	\$18.26	\$22.97	(with L&H)	\$35.03	\$0.00	\$14.70	\$1.17	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6148									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.09									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.09	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	\$14.70	\$1.17	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.53	\$56.09	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	9.01 (FRV)	\$1.17	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.53	\$56.09	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5899									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.62	\$89.18	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.20	\$4.10	\$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	\$197.82	\$93.28	\$0.00	\$18.48	\$23.38	\$0.00	\$52.50	\$0.00	\$9.01	\$1.17	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.54										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AUTUMN LANE HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00082992A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.3325	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	26.47%	Quarterly Medicaid CMI:				1.3860	1.5932	
					3.82	Qtrly Mcaid CMI w RUG Wght Options:				1.4085	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,875,249	\$2,902,132	\$0	\$509,241	\$647,414	\$0	\$1,113,943		\$1,702,519	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$329,585)	(\$3,033)	\$0	(\$742)	\$0	(\$979)	(\$85,852)		(\$238,979)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$88,400		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$238,979
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,873,043	\$2,899,099	\$0	\$508,499	\$647,414	(\$979)	\$1,028,091	\$88,400	\$1,463,540	\$238,979
8	Total Nursing Facility Days	As Filed Days = 25,994 FY21 Audited C/R Days	25,994									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,994 FY21 GL-PL Ins Rpt Days								25,994		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.40	\$111.53	\$0.00	\$19.56	\$24.87	(with L&H)	\$39.55	\$3.40	\$56.30	\$9.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3325								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.70	\$0.00	\$19.56	\$24.87		\$39.55	\$3.40	\$56.30	\$9.19
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.70	\$83.70	\$0.00	\$19.56	\$24.87		\$36.91	\$3.40	35.07 (FRV)	\$9.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.70	\$83.70	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4085								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.89	\$117.89	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89								
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	\$25.33	\$7.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$272.22	\$125.49	\$0.00	\$19.78	\$25.28	\$0.00	\$54.01	\$3.40	\$35.07	\$9.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: SIGNATURE HEALTHCARE AT TOWER ROAD Prvdr ID: 00083003A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.9806	1.5751
							22.06%	1.0%					1.8579	1.5932
							2.45	1.0%					1.8943	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,672,211	\$5,954,005	\$0	\$788,185	\$752,233	\$0	\$2,478,486		\$2,699,302	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$305,769)	(\$51,163)	\$0	(\$1,654)	(\$2,819)	(\$7,418)	(\$155,881)		(\$86,834)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$142,704				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$87,082		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,596,228	\$5,902,842	\$0	\$786,531	\$749,414	(\$7,418)	\$2,322,605	\$142,704	\$2,612,468	\$87,082		
8	Total Nursing Facility Days	FY21 Audited C/R Days	40,590											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								40,590				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$310.34	\$145.43	\$0.00	\$19.38	\$18.28	(with L&H)	\$57.22	\$3.52	\$64.36	\$2.15		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9806										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.43										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.43	\$0.00	\$19.38	\$18.28		\$57.22	\$3.52	\$64.36	\$2.15		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.33	\$73.43	\$0.00	\$19.38	\$18.28		\$36.91	\$3.52	10.66 (FRV)	\$2.15		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.33	\$73.43	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8943										
18	Qtrly Routine Srvc 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	\$230.00	\$139.10	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.39	\$1.39										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.39	\$1.39										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.04	\$3.31	\$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	\$251.04	\$142.41	\$0.00	\$19.60	\$18.69	\$0.00	\$54.01	\$3.52	\$10.66	\$2.15		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.46											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GREEN ACRES HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083014A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4484	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.40%	1.0%	Quarterly Medicaid CMI:			1.3311	1.5932
							3.74	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3519	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,134,826	\$2,691,135	\$0	\$500,979	\$619,415	\$0	\$1,514,804		\$808,493	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$185,727)	(\$4,676)	\$0	(\$714)	\$0	\$1,176	(\$150,363)		(\$31,150)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$101,920			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,150	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,082,169	\$2,686,459	\$0	\$500,265	\$619,415	\$1,176	\$1,364,441	\$101,920	\$777,343	\$31,150	
8	Total Nursing Facility Days As Filed Days = 25,003	FY21 Audited C/R Days	25,003										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,003	FY21 GL-PL Ins Rpt Days								25,003			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.27	\$107.45	\$0.00	\$20.01	\$24.82	(with L&H)	\$54.57	\$4.08	\$31.09	\$1.25	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4484									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.19									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.19	\$0.00	\$20.01	\$24.82		\$54.57	\$4.08	\$31.09	\$1.25	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.61	\$74.19	\$0.00	\$20.01	\$24.82		\$36.91	\$4.08	11.35 (FRV)	\$1.25	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.61	\$74.19	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3519									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.72	\$100.30	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.02	\$5.02									
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	\$24.28	\$6.55	\$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	\$223.00	\$106.85	\$0.00	\$20.23	\$25.23	\$0.00	\$54.01	\$4.08	\$11.35	\$1.25	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ABERCORN REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083025A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7127	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	25.00%	Quarterly Medicaid CMI:				1.5465	1.5932	
					3.15	Qtrly Mcaid CMI w RUG Wght Options:				1.5742	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,104,821	\$2,734,122	\$0	\$429,826	\$448,449	\$0	\$1,179,121		\$1,313,303	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$287,323)	(\$92,131)	\$0	\$0	\$610	\$694	(\$124,540)		(\$71,956)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$213,308		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$72,167
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,102,973	\$2,641,991	\$0	\$429,826	\$449,059	\$694	\$1,054,581	\$213,308	\$1,241,347	\$72,167
8	Total Nursing Facility Days	As Filed Days = 25,214 FY21 Audited C/R Days	25,214									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,214 FY21 GL-PL Ins Rpt Days								25,214		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.05	\$104.78	\$0.00	\$17.05	\$17.84	(with L&H)	\$41.83	\$8.46	\$49.23	\$2.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7127								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.18	\$0.00	\$17.05	\$17.84		\$41.83	\$8.46	\$49.23	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$61.18	\$0.00	\$17.05	\$17.84		\$36.91	\$8.46	11.46 (FRV)	\$2.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.76	\$61.18	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5742								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.89	\$96.31	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.04	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.93	\$102.62	\$0.00	\$17.27	\$18.25	\$0.00	\$54.01	\$8.46	\$11.46	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.37									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LYNN HAVEN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083036A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6901	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	51.92%	5.5%	Quarterly Medicaid CMI:			1.5688	1.5932
							3.47	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5986	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,392,350	\$2,527,375	\$0	\$465,714	\$786,530	\$0	\$881,388		\$731,343	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$109,338)	(\$2,396)	\$0	(\$587)	\$0	(\$555)	(\$73,181)		(\$32,619)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,080			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,619	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,395,711	\$2,524,979	\$0	\$465,127	\$786,530	(\$555)	\$808,207	\$80,080	\$698,724	\$32,619	
8	Total Nursing Facility Days	As Filed Days = 20,533 FY21 Audited C/R Days	20,533										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,533 FY21 GL-PL Ins Rpt Days								20,533			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.78	\$122.97	\$0.00	\$22.65	\$38.28	(with L&H)	\$39.36	\$3.90	\$34.03	\$1.59	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6901									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.76									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.76	\$0.00	\$22.65	\$38.28		\$39.36	\$3.90	\$34.03	\$1.59	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.65	\$72.76	\$0.00	\$22.65	\$33.28		\$36.91	\$3.90	13.56 (FRV)	\$1.59	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.65	\$72.76	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$1.59	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5986									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.20	\$116.31	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.40	\$6.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$30.07	\$12.75	\$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	\$258.27	\$129.06	\$0.00	\$22.87	\$33.28	\$0.00	\$54.01	\$3.90	\$13.56	\$1.59	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.88										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST Prvdr ID: 00083047A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A				Base Period Overall CMI: 1.7055				1.7055	1.5751
			Qtrly BIMS score: 41.03%				Quarterly Medicaid CMI: 1.6664				1.6664	1.5932
			Nurse Hours per On-Site Day/Quality Incentive: 3.05				Qtrly Mcaid CMI w RUG Wght Options: 1.6990				1.6990	1.6218
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,519,756	\$4,197,430	\$0	\$1,006,046	\$895,258	\$0	\$1,804,512		\$616,510	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$449,008)	(\$47,703)	\$0	\$0	\$2,907	(\$22,132)	(\$348,284)		(\$33,796)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$290,503		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,780
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,392,031	\$4,149,727	\$0	\$1,006,046	\$898,165	(\$22,132)	\$1,456,228	\$290,503	\$582,714	\$30,780
8	Total Nursing Facility Days	As Filed Days = 36,280 FY21 Audited C/R Days	36,280									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,280 FY21 GL-PL Ins Rpt Days								36,280		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.32	\$114.38	\$0.00	\$27.73	\$24.15	<i>(with L&H)</i>	\$40.14	\$8.01	\$16.06	\$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7055								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.07	\$0.00	\$27.73	\$24.15		\$40.14	\$8.01	\$16.06	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.64	\$67.07	\$0.00	\$26.82	\$24.15		\$36.91	\$8.01	10.83 <i>(FRV)</i>	\$0.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.64	\$67.07	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6990								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.52	\$113.95	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.31	\$6.80	\$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	\$245.83	\$120.75	\$0.00	\$26.82	\$24.56	\$0.00	\$54.01	\$8.01	\$10.83	\$0.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE CENTER FOR ADVANCED REHAB AT PARKSIDE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00083102A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.9316		1.9316	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Qtrly BIMS score: 26.32%		Nurse Hours per On-Site Day/Quality Incentive: 4.33		26.32%	1.0%	Quarterly Medicaid CMI: 1.8852		1.8852	1.5932		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9224		1.9224	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,796,117		\$1,515,755	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,358)	\$0	\$0	\$0	\$0	\$0	(\$77,384)		(\$166,974)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,384			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$166,974	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,718,733	\$77,384	\$1,348,781	\$166,974	
8	Total Nursing Facility Days	FY21 Audited C/R Days	42,973										
	As Filed Days = 42,973												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								42,973			
	As Filed Days = 42,973												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.82	\$120.13	\$0.00	\$22.15	\$19.46	(with L&H)	\$40.00	\$1.80	\$31.39	\$3.89	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9316									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.19									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.19	\$0.00	\$22.15	\$19.46		\$40.00	\$1.80	\$31.39	\$3.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.58	\$62.19	\$0.00	\$22.15	\$19.46		\$36.91	\$1.80	22.18 (FRV)	\$3.89	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.58	\$62.19	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9224									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.94	\$119.55	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$25.44	\$7.71	\$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	\$251.38	\$127.26	\$0.00	\$22.37	\$19.87	\$0.00	\$54.01	\$1.80	\$22.18	\$3.89	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.71										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083124A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6771	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	42.55%	2.5%	Quarterly Medicaid CMI:			1.6347	1.5932
							3.88	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6664	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,643,902	\$4,019,980	\$0	\$873,375	\$799,950	\$0	\$1,449,789		\$500,808	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$302,675)	\$0	\$0	\$0	\$0	(\$8,244)	(\$256,599)		(\$37,832)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$239,764			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$37,757	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,618,748	\$4,019,980	\$0	\$873,375	\$799,950	(\$8,244)	\$1,193,190	\$239,764	\$462,976	\$37,757	
8	Total Nursing Facility Days	As Filed Days = 36,741 FY21 Audited C/R Days	36,741										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,741 FY21 GL-PL Ins Rpt Days								36,741			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.37	\$109.41	\$0.00	\$23.77	\$21.55	(with L&H)	\$32.48	\$6.53	\$12.60	\$1.03	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6771									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.24									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.24	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	\$12.60	\$1.03	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.26	\$65.24	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	11.66 (FRV)	\$1.03	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.26	\$65.24	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$1.03	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6664									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.74	\$108.72	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.35	\$4.35									
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	\$25.70	\$7.60	\$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	\$231.44	\$116.32	\$0.00	\$23.99	\$21.96	\$0.00	\$49.95	\$6.53	\$11.66	\$1.03	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.76										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NHC HEALTHCARE ROSSVILLE Prvdr ID: 00083146A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3092	1.5751		
				Qtrly BIMS score	30.67%	2.5%	Quarterly Medicaid CMI:			1.0459	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	3.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0584	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,071,352	\$4,261,696	\$0	\$676,800	\$584,344	\$0	\$1,233,717		\$314,795	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$217,738)	\$0	\$0	\$0	(\$2,108)	(\$2,635)	(\$155,245)		(\$57,750)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,600			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,282	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,072,496	\$4,261,696	\$0	\$676,800	\$582,236	(\$2,635)	\$1,078,472	\$161,600	\$257,045	\$57,282	
8	Total Nursing Facility Days	FY21 Audited C/R Days	31,938										
	As Filed Days = 31,938												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								31,938			
	As Filed Days = 31,938												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.45	\$133.44	\$0.00	\$21.19	\$18.15	(with L&H)	\$33.77	\$5.06	\$8.05	\$1.79	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3092									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.92									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$101.92	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	\$8.05	\$1.79	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.49	\$99.82	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	10.71 (FRV)	\$1.79	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.49	\$99.82	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0584									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.32	\$105.65	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$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)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$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	\$220.23	\$111.46	\$0.00	\$21.41	\$18.56	\$0.00	\$51.24	\$5.06	\$10.71	\$1.79	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.35										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: SIGNATURE HEALTHCARE OF SAVANNAH Prvdr ID: 00083157A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7318	1.5751
							21.59%	1.0%					1.5535	1.5932
							2.59	5.0%					1.5831	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,846,509	\$4,486,272	\$0	\$628,442	\$601,166	\$0	\$1,941,344		\$189,285	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$257,708)	(\$241,625)	\$0	(\$1,268)	\$1,596	\$1,642	\$50,444		(\$68,497)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$146,322				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,927		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,804,050	\$4,244,647	\$0	\$627,174	\$602,762	\$1,642	\$1,991,788	\$146,322	\$120,788	\$68,927		
8	Total Nursing Facility Days	FY21 Audited C/R Days	37,322											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								37,322				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.10	\$113.73	\$0.00	\$16.80	\$16.19	(with L&H)	\$53.37	\$3.92	\$3.24	\$1.85		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7318										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.80	\$16.19		\$53.37	\$3.92	\$3.24	\$1.85		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.47	\$65.67	\$0.00	\$16.80	\$16.19		\$36.91	\$3.92	11.13 (FRV)	\$1.85		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.47	\$65.67	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5831										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.96										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.76	\$103.96	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.50	\$6.77	\$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	\$215.26	\$110.73	\$0.00	\$17.02	\$16.60	\$0.00	\$54.01	\$3.92	\$11.13	\$1.85		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.62											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: MUSCOGEE MANOR & REHABILITATION CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083223A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5505	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	36.36%	2.5%	Quarterly Medicaid CMI:			1.5166	1.5932
							5.10	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5441	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,954,006	\$6,980,780	\$0	\$1,029,370	\$1,373,916	\$0	\$1,351,292		\$218,648	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$204,834)	\$5,084	\$0	\$0	(\$1,171)	(\$6,099)	(\$173,644)		(\$29,004)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,740			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,954	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,985,866	\$6,985,864	\$0	\$1,029,370	\$1,372,745	(\$6,099)	\$1,177,648	\$207,740	\$189,644	\$28,954	
8	Total Nursing Facility Days As Filed Days = 39,808	FY21 Audited C/R Days	39,808										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,808	FY21 GL-PL Ins Rpt Days								39,808			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$275.97	\$175.49	\$0.00	\$25.86	\$34.33	(with L&H)	\$29.58	\$5.22	\$4.76	\$0.73	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5505									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.18									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.18	\$0.00	\$25.86	\$34.33		\$29.58	\$5.22	\$4.76	\$0.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.31	\$99.82	\$0.00	\$25.86	\$33.28		\$29.58	\$5.22	22.82 (FRV)	\$0.73	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.31	\$99.82	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5441									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.62	\$154.13	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$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)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.85	\$3.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.16	\$8.47	\$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	\$297.78	\$162.60	\$0.00	\$26.08	\$33.28	\$0.00	\$47.05	\$5.22	\$22.82	\$0.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$210.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: TUCKER WELLNESS AND REHABILITATION CENTER Prvdr ID: 00083267A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6178	1.5751
							21.59%	1.0%					1.8927	1.5932
							2.37	4.0%					1.9293	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,070,033	\$3,742,039	\$0	\$630,762	\$729,140	\$0	\$1,361,123		\$606,969	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$296,004)	(\$45,039)	\$0	\$0	(\$2,002)	(\$6,514)	\$100,825		(\$343,274)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,001				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$153,556		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,065,586	\$3,697,000	\$0	\$630,762	\$727,138	(\$6,514)	\$1,461,948	\$138,001	\$263,695	\$153,556		
8	Total Nursing Facility Days	As Filed Days = 33,937 FY21 Audited C/R Days	33,937											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,937 FY21 GL-PL Ins Rpt Days								33,937				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.20	\$108.94	\$0.00	\$18.59	\$21.23	(with L&H)	\$43.08	\$4.07	\$7.77	\$4.52		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6178										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.34										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.34	\$0.00	\$18.59	\$21.23		\$43.08	\$4.07	\$7.77	\$4.52		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.94	\$67.34	\$0.00	\$18.59	\$21.23		\$36.91	\$4.07	11.28 (FRV)	\$4.52		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.94	\$67.34	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9293										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.92										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.52	\$129.92	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52		
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$24.76	\$7.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.28	\$136.95	\$0.00	\$18.81	\$21.64	\$0.00	\$54.01	\$4.07	\$11.28	\$4.52		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.64											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
Provider: MADISON HEALTH AND REHAB Prvdr ID: 00083278A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.4880				1.5751
							Qtrly BIMS score: 59.65%	5.5%	Quarterly Medicaid CMI: 1.7158				1.5932
							Nurse Hours per On-Site Day/Quality Incentive: 3.51	5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7501				1.6218
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,000,179	\$2,183,157	\$0	\$465,001	\$657,304	\$0	\$643,204		\$51,513	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$170,700)	(\$112,741)	\$0	\$4,210	\$40,350	(\$3,905)	(\$56,839)		(\$41,775)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$103,824			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,763	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,970,066	\$2,070,416	\$0	\$469,211	\$697,654	(\$3,905)	\$586,365	\$103,824	\$9,738	\$36,763	
8	Total Nursing Facility Days As Filed Days = 20,729	FY21 Audited C/R Days		20,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,729	FY21 GL-PL Ins Rpt Days								20,836			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.54	\$99.37	\$0.00	\$22.52	\$33.30	(with L&H)	\$28.14	\$4.98	\$0.47	\$1.76	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4880									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.78									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.78	\$0.00	\$22.52	\$33.30		\$28.14	\$4.98	\$0.47	\$1.76	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.27	\$66.78	\$0.00	\$22.52	\$33.28		\$28.14	\$4.98	11.81 (FRV)	\$1.76	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.27	\$66.78	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7501									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.36	\$116.87	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.43	\$6.43									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$30.49	\$12.80	\$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	\$249.85	\$129.67	\$0.00	\$22.74	\$33.28	\$0.00	\$45.61	\$4.98	\$11.81	\$1.76	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.56										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: RIVERDALE CENTER FOR NURSING AND HEALING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083289A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6751	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.67%	2.5%	Quarterly Medicaid CMI:			2.0289	1.5932
							2.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0692	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,209,864	\$4,372,778	\$0	\$965,036	\$975,108	\$0	\$1,621,560		\$1,275,382	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$372,485)	\$0	\$0	\$0	\$6,286	\$7,437	(\$212,615)		(\$173,593)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$212,615			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$176,035	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,226,029	\$4,372,778	\$0	\$965,036	\$981,394	\$7,437	\$1,408,945	\$212,615	\$1,101,789	\$176,035	
8	Total Nursing Facility Days	As Filed Days = 47,211 FY21 Audited C/R Days	47,211										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,211 FY21 GL-PL Ins Rpt Days								47,211			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.41	\$92.62	\$0.00	\$20.44	\$20.94	(with L&H)	\$29.84	\$4.50	\$23.34	\$3.73	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6751									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.29									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.29	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	\$23.34	\$3.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.39	\$55.29	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	10.65 (FRV)	\$3.73	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.39	\$55.29	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0692									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.51	\$114.41	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73	
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43									
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	\$24.92	\$6.82	\$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	\$229.43	\$121.23	\$0.00	\$20.66	\$21.35	\$0.00	\$47.31	\$4.50	\$10.65	\$3.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.25										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSE CITY HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083311A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7700	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	24.39%	Quarterly Medicaid CMI:				1.9583	1.5932	
					2.95	Qtrly Mcaid CMI w RUG Wght Options:				1.9969	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,514,758	\$2,471,133	\$0	\$464,076	\$398,482	\$0	\$674,599		\$506,468	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$131,622	(\$34,416)	\$0	(\$1,425)	\$974	\$3,038	\$185,541		(\$22,090)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,107		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,227
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,711,714	\$2,436,717	\$0	\$462,651	\$399,456	\$3,038	\$860,140	\$43,107	\$484,378	\$22,227
8	Total Nursing Facility Days	As Filed Days = 19,399 FY21 Audited C/R Days	19,399									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,399 FY21 GL-PL Ins Rpt Days								19,399		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.89	\$125.61	\$0.00	\$23.85	\$20.75	(with L&H)	\$44.34	\$2.22	\$24.97	\$1.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7700								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.97	\$0.00	\$23.85	\$20.75		\$44.34	\$2.22	\$24.97	\$1.15
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.84	\$70.97	\$0.00	\$23.85	\$20.75		\$36.91	\$2.22	11.99 (FRV)	\$1.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.84	\$70.97	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9969								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.59	\$141.72	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.25	\$4.25								
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	\$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	\$262.52	\$147.92	\$0.00	\$24.07	\$21.16	\$0.00	\$54.01	\$2.22	\$11.99	\$1.15
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 FY2021 Cost Report Data

FINAL

Provider: THE A.G. RHODES HOME, INC.		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140005A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7995		1.7995	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Qtrly BIMS score: 60.00%		Nurse Hours per On-Site Day/Quality Incentive: 5.03		60.00%	5.5%	Quarterly Medicaid CMI: 1.7732		1.7732	1.5932		
								Qtrly Mcaid CMI w RUG Wght Options: 1.8075		1.8075	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,894,584	\$6,554,766	\$0	\$1,196,908	\$1,455,812	\$0	\$2,354,775		\$332,323	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,616)	(\$2,061)	\$0	\$0	\$3,658	\$4,566	(\$153,193)		(\$42,586)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,553			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,879	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,899,400	\$6,552,705	\$0	\$1,196,908	\$1,459,470	\$4,566	\$2,201,582	\$171,553	\$289,737	\$22,879	
8	Total Nursing Facility Days As Filed Days = 39,966	FY21 Audited C/R Days	39,972										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,966	FY21 GL-PL Ins Rpt Days								39,972			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.69	\$163.93	\$0.00	\$29.94	\$36.63	(with L&H)	\$55.08	\$4.29	\$7.25	\$0.57	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7995									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.10									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.10	\$0.00	\$29.94	\$36.63		\$55.08	\$4.29	\$7.25	\$0.57	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.18	\$91.10	\$0.00	\$26.82	\$33.28		\$36.91	\$4.29	19.21 (FRV)	\$0.57	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.18	\$91.10	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8075									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$164.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$285.74	\$164.66	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$9.06	\$9.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.23	\$8.23									
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	\$34.92	\$17.82	\$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	\$320.66	\$182.48	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.29	\$19.21	\$0.57	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.67										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ALTAMAHA HEALTHCARE CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140027A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.5890				1.5890	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 36.96%	2.5%	Quarterly Medicaid CMI: 1.7983				1.7983	1.5932	
				2.88	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8316				1.8316	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,558,257	\$1,840,496	\$0	\$344,487	\$343,640	\$0	\$813,193		\$216,441	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,344)	\$0	\$0	\$0	\$1,657	\$1,639	(\$53,760)		(\$24,880)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$41,450		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,118
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,549,481	\$1,840,496	\$0	\$344,487	\$345,297	\$1,639	\$759,433	\$41,450	\$191,561	\$25,118
8	Total Nursing Facility Days	As Filed Days = 20,352 FY21 Audited C/R Days	20,352									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,352 FY21 GL-PL Ins Rpt Days								20,352		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.40	\$90.43	\$0.00	\$16.93	\$17.05	(with L&H)	\$37.31	\$2.04	\$9.41	\$1.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5890								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.91	\$0.00	\$16.93	\$17.05		\$37.31	\$2.04	\$9.41	\$1.23
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.81	\$56.91	\$0.00	\$16.93	\$17.05		\$36.91	\$2.04	8.74 (FRV)	\$1.23
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.81	\$56.91	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$1.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8316								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.14	\$104.24	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$5.22	\$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	\$210.09	\$109.46	\$0.00	\$17.15	\$17.46	\$0.00	\$54.01	\$2.04	\$8.74	\$1.23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - GREENVILLE Prvdr ID: 00140038A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.2725	1.5751
							23.53%	1.0%					1.5509	1.5932
							2.62	5.0%					1.5782	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,648,351	\$2,236,541	\$0	\$424,396	\$535,093	\$0	\$1,138,335		\$313,986	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$548,982)	(\$103,306)	\$0	\$0	\$0	\$3,434	(\$407,542)		(\$41,568)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$491,617				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,875		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,627,861	\$2,133,235	\$0	\$424,396	\$535,093	\$3,434	\$730,793	\$491,617	\$272,418	\$36,875		
8	Total Nursing Facility Days	As Filed Days = 25,205 FY21 Audited C/R Days	25,205											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,205 FY21 GL-PL Ins Rpt Days								25,205				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.61	\$84.64	\$0.00	\$16.84	\$21.37	(with L&H)	\$28.99	\$19.50	\$10.81	\$1.46		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2725										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	\$10.81	\$1.46		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.73	\$66.52	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	11.05 (FRV)	\$1.46		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.73	\$66.52	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5782										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.98										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.19	\$104.98	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46		
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.25	\$5.25										
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	\$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	\$229.12	\$111.81	\$0.00	\$17.06	\$21.78	\$0.00	\$46.46	\$19.50	\$11.05	\$1.46		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.02											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH -CREEKSIDE Prvdr ID: 00140049A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: #N/A Nurse Hours per On-Site Day/Quality Incentive: no data				N/A	0.00%	Base Period Overall CMI: 1.5323 Quarterly Medicaid CMI: Stwde 1.5932 Qtrly Mcaid CMI w RUG Wght Options: 1.6218			1.5323	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,363,324	\$3,621,653	\$0	\$469,041	\$671,191	\$0	\$1,129,953		\$471,486	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$795,526)	(\$203,943)	\$0	(\$710)	\$1,295	\$16,489	(\$593,463)		(\$15,194)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$137,593		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,265
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,720,656	\$3,417,710	\$0	\$468,331	\$672,486	\$16,489	\$536,490	\$137,593	\$456,292	\$15,265
8	Total Nursing Facility Days	As Filed Days = 28,327 FY21 Audited C/R Days	28,327									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,327 FY21 GL-PL Ins Rpt Days								28,327		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.95	\$120.65	\$0.00	\$16.53	\$24.32	(with L&H)	\$18.94	\$4.86	\$16.11	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5323								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.74	\$0.00	\$16.53	\$24.32		\$18.94	\$4.86	\$16.11	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.69	\$78.74	\$0.00	\$16.53	\$24.32		\$18.94	\$4.86	14.76 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.69	\$78.74	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$14.76	\$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6218								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.65	\$127.70	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$14.76	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>#N/A</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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	\$18.63	\$0.53	\$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	\$226.28	\$128.23	\$0.00	\$16.75	\$24.73	\$0.00	\$36.41	\$4.86	\$14.76	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BRENTWOOD HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140071A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3663	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.29%	2.5%	Quarterly Medicaid CMI:			1.5731	1.5932
							4.12	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6009	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,521,695	\$2,262,606	\$0	\$429,224	\$394,510	\$0	\$874,768		\$560,587	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$146,300)	(\$2,508)	\$0	(\$614)	\$0	(\$636)	(\$115,948)		(\$26,594)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$108,355			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,594	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,510,344	\$2,260,098	\$0	\$428,610	\$394,510	(\$636)	\$758,820	\$108,355	\$533,993	\$26,594	
8	Total Nursing Facility Days	As Filed Days = 21,496 FY21 Audited C/R Days	21,496										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,496 FY21 GL-PL Ins Rpt Days								21,496			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.82	\$105.14	\$0.00	\$19.94	\$18.32	(with L&H)	\$35.30	\$5.04	\$24.84	\$1.24	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3663									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.95									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.95	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	\$24.84	\$1.24	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.57	\$76.95	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	11.78 (FRV)	\$1.24	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.57	\$76.95	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6009									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.81	\$123.19	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.16	\$6.16									
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	\$27.87	\$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	\$242.68	\$132.96	\$0.00	\$20.16	\$18.73	\$0.00	\$52.77	\$5.04	\$11.78	\$1.24	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.19										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WESTMINSTER COMMONS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140082A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4213	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.25%	2.5%	Quarterly Medicaid CMI:			1.5431	1.5932
							3.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5711	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$971,152		\$755,005	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$254,409)	\$0	\$0	\$0	\$0	\$0	(\$178,652)		(\$75,757)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$178,652			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,757	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$792,500	\$178,652	\$679,248	\$75,757	
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,120										
	As Filed Days = 25,120												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,120			
	As Filed Days = 25,120												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.65	\$123.39	\$0.00	\$15.09	\$22.45	(with L&H)	\$31.55	\$7.11	\$27.04	\$3.02	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4213									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.81									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.81	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	\$27.04	\$3.02	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.47	\$86.81	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	8.44 (FRV)	\$3.02	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.47	\$86.81	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5711									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.39									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.05	\$136.39	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.41	\$3.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.09	\$4.09									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.13	\$8.03	\$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	\$250.18	\$144.42	\$0.00	\$15.31	\$22.86	\$0.00	\$49.02	\$7.11	\$8.44	\$3.02	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.81										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: APPLING NURSING AND REHABILITATION PAVILION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140093A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1660	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.00%	2.5%	Quarterly Medicaid CMI:			1.0973	1.5932
							4.81	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1121	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,378,522	\$3,787,109	\$0	\$963,283	\$395,286	\$630,278	\$1,950,066		\$652,500	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$325,962)	\$0	\$0	\$0	\$0	\$0	(\$298,606)		(\$27,356)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$298,606			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,356	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,378,522	\$3,787,109	\$0	\$963,283	\$395,286	\$630,278	\$1,651,460	\$298,606	\$625,144	\$27,356	
8	Total Nursing Facility Days	As Filed Days = 34,228 FY21 Audited C/R Days	34,228										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,228 FY21 GL-PL Ins Rpt Days								34,228			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.77	\$110.64	\$0.00	\$28.14	\$29.96	(with L&H)	\$48.25	\$8.72	\$18.26	\$0.80	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1660									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.89									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.89	\$0.00	\$28.14	\$29.96		\$48.25	\$8.72	\$18.26	\$0.80	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$227.35	\$94.89	\$0.00	\$28.14	\$29.96		\$36.91	\$8.72	27.93 (FRV)	\$0.80	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$227.35	\$94.89	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1121									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.99	\$105.53	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$25.12	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.11	\$112.92	\$0.00	\$28.36	\$30.37	\$0.00	\$54.01	\$8.72	\$27.93	\$0.80	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - ASHBURN Prvdr ID: 00140104A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 40.32% Nurse Hours per On-Site Day/Quality Incentive: 3.29				0.00%	2.5%	Base Period Overall CMI: 1.7037 Quarterly Medicaid CMI: 1.7054 Qtrly Mcaid CMI w RUG Wght Options: 1.7391				1.7037	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,185,511	\$2,285,348	\$0	\$357,709	\$488,553	\$0	\$921,838		\$132,063	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$384,114)	(\$100,525)	\$0	\$0	(\$1,973)	(\$1,227)	(\$251,866)		(\$28,523)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$329,382			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,287	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,159,066	\$2,184,823	\$0	\$357,709	\$486,580	(\$1,227)	\$669,972	\$329,382	\$103,540	\$28,287	
8	Total Nursing Facility Days As Filed Days = 20,854	FY21 Audited C/R Days	20,854										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,854	FY21 GL-PL Ins Rpt Days								20,854			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.43	\$104.77	\$0.00	\$17.15	\$23.27	(with L&H)	\$32.13	\$15.79	\$4.96	\$1.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7037									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.50									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.50	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	\$4.96	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.80	\$61.50	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	10.60 (FRV)	\$1.36	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.80	\$61.50	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7391									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.25	\$106.95	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.35	\$5.35									
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	\$26.65	\$8.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.90	\$115.50	\$0.00	\$17.37	\$23.68	\$0.00	\$49.60	\$15.79	\$10.60	\$1.36	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.60										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - BROOKHAVEN		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140115A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.8705	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	26.88%	Quarterly Medicaid CMI:				1.5931	1.5932	
					3.00	Qtrly Mcaid CMI w RUG Wght Options:				1.6212	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,679,674	\$5,728,290	\$0	\$763,976	\$1,188,797	\$0	\$2,224,285		\$774,326	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$825,359)	(\$176,215)	\$0	\$0	(\$2,405)	(\$827)	(\$532,176)		(\$113,736)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$682,989		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$113,278
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,650,582	\$5,552,075	\$0	\$763,976	\$1,186,392	(\$827)	\$1,692,109	\$682,989	\$660,590	\$113,278
8	Total Nursing Facility Days As Filed Days = 45,636	FY21 Audited C/R Days	45,636									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,636	FY21 GL-PL Ins Rpt Days								45,636		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.39	\$121.66	\$0.00	\$16.74	\$25.98	(with L&H)	\$37.08	\$14.97	\$14.48	\$2.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8705								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.04	\$0.00	\$16.74	\$25.98		\$37.08	\$14.97	\$14.48	\$2.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.36	\$65.04	\$0.00	\$16.74	\$25.98		\$36.91	\$14.97	11.24 (FRV)	\$2.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.36	\$65.04	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6212								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.76	\$105.44	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$23.53	\$5.80	\$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	\$237.29	\$111.24	\$0.00	\$16.96	\$26.39	\$0.00	\$54.01	\$14.97	\$11.24	\$2.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.14									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS - ATHENS SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140126A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6453	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.77%	2.5%	Quarterly Medicaid CMI:			1.6912	1.5932
							3.90	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7227	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,705,401	\$5,674,664	\$0	\$868,081	\$1,451,385	\$0	\$1,949,759		\$1,761,512	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$951,398)	(\$193,291)	\$0	\$0	(\$11,888)	(\$9,285)	(\$407,021)		(\$329,913)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$592,783			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$326,443	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,673,229	\$5,481,373	\$0	\$868,081	\$1,439,497	(\$9,285)	\$1,542,738	\$592,783	\$1,431,599	\$326,443	
8	Total Nursing Facility Days	As Filed Days = 36,062 FY21 Audited C/R Days	36,062										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,062 FY21 GL-PL Ins Rpt Days								36,062			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$323.70	\$152.00	\$0.00	\$24.07	\$39.66	(with L&H)	\$42.78	\$16.44	\$39.70	\$9.05	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6453									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.38	\$0.00	\$24.07	\$39.66		\$42.78	\$16.44	\$39.70	\$9.05	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.18	\$92.38	\$0.00	\$24.07	\$33.28		\$36.91	\$16.44	28.05 (FRV)	\$9.05	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$240.18	\$92.38	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7227									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$159.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$306.94	\$159.14	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05	
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.98	\$3.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$28.20	\$10.88	\$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	\$335.14	\$170.02	\$0.00	\$24.29	\$33.28	\$0.00	\$54.01	\$16.44	\$28.05	\$9.05	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$238.53										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: EAST LAKE ARBOR Prvdr ID: 00140137A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Facility Score	State-wide										
													N/A	25.00%	3.41	0.00%	1.0%	3.0%	Base Period Overall CMI:	1.8952	1.5751			
													25.00%	3.41	3.0%	Quarterly Medicaid CMI:	2.1667	1.5932						
													3.41	3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	2.2100	1.6218						
			a	b	c	d	e	f	g	g	h	i												
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,380,786		\$316,336	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$318,870)	\$0	\$0	\$0	\$0	\$0	(\$239,559)		(\$79,311)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$239,559														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																		\$79,311				
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,141,227	\$239,559	\$237,025	\$79,311												
8	Total Nursing Facility Days	As Filed Days = 28,744																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,744																						
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.70	\$116.14	\$0.00	\$19.01	\$17.51	(with L&H)	\$39.70	\$8.33	\$8.25	\$2.76												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8952																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.28																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.28	\$0.00	\$19.01	\$17.51		\$39.70	\$8.33	\$8.25	\$2.76												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.20	\$61.28	\$0.00	\$19.01	\$17.51		\$36.91	\$8.33	10.40 (FRV)	\$2.76												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.20	\$61.28	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.2100																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.43																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.35	\$135.43	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.67	\$5.94	\$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	\$254.02	\$141.37	\$0.00	\$19.23	\$17.92	\$0.00	\$54.01	\$8.33	\$10.40	\$2.76												
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 FY2021 Cost Report Data

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Provider: AUTUMN BREEZE HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140159A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6093	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.50%	1.0%	Quarterly Medicaid CMI:				1.5631	1.5932
							3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5908	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,624,922	\$2,587,804	\$0	\$476,466	\$604,050	\$0	\$985,114		\$971,488	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$208,102)	(\$10,124)	\$0	\$0	\$0	\$0	(\$146,710)		(\$51,268)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$156,834				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,268		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,624,922	\$2,577,680	\$0	\$476,466	\$604,050	\$0	\$838,404	\$156,834	\$920,220	\$51,268		
8	Total Nursing Facility Days	FY21 Audited C/R Days	29,376											
	As Filed Days = 29,376													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								29,376				
	As Filed Days = 29,376													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.49	\$87.75	\$0.00	\$16.22	\$20.56	(with L&H)	\$28.54	\$5.34	\$31.33	\$1.75		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6093										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.53										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.53	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	\$31.33	\$1.75		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.98	\$54.53	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	10.04 (FRV)	\$1.75		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.98	\$54.53	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5908										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.75										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.20	\$86.75	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75		
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60										
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	\$22.10	\$4.00	\$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	\$191.30	\$90.75	\$0.00	\$16.44	\$20.97	\$0.00	\$46.01	\$5.34	\$10.04	\$1.75		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.65											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: THE OAKS - CARROLLTON SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140181A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.7331	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	52.63%	5.5%	Quarterly Medicaid CMI:				1.7083	1.5932
							3.56	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7388	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,471,814	\$1,656,366	\$0	\$249,335	\$371,757	\$0	\$697,218		\$497,138	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$239,974)	(\$59,905)	\$0	\$0	\$984	\$1,399	(\$124,060)		(\$58,392)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$181,684				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,658		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,470,182	\$1,596,461	\$0	\$249,335	\$372,741	\$1,399	\$573,158	\$181,684	\$438,746	\$56,658		
8	Total Nursing Facility Days	As Filed Days = 11,841 FY21 Audited C/R Days	11,841											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,841 FY21 GL-PL Ins Rpt Days								11,841				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$293.05	\$134.82	\$0.00	\$21.06	\$31.60	(with L&H)	\$48.40	\$15.34	\$37.05	\$4.78		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7331										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.79										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.79	\$0.00	\$21.06	\$31.60		\$48.40	\$15.34	\$37.05	\$4.78		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.71	\$77.79	\$0.00	\$21.06	\$31.60		\$36.91	\$15.34	22.23 (FRV)	\$4.78		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.71	\$77.79	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7388										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.26										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.18	\$135.26	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.44	\$7.44										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.76	\$6.76										
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	\$32.46	\$14.73	\$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	\$299.64	\$149.99	\$0.00	\$21.28	\$32.01	\$0.00	\$54.01	\$15.34	\$22.23	\$4.78		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.91											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: BAPTIST VILLAGE, INC. Prvdr ID: 00140203A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4838	1.5751
							29.53%	1.0%					1.3885	1.5932
							4.35	3.0%					1.4134	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,962,941		\$714,397	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$242,947)	\$0	\$0	\$0	\$0	\$0	(\$171,668)		(\$71,279)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,668				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,279		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,791,273	\$171,668	\$643,118	\$71,279		
8	Total Nursing Facility Days	FY21 Audited C/R Days	62,767											
	As Filed Days = 62,767													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								62,767				
	As Filed Days = 62,767													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.34	\$152.23	\$0.00	\$37.42	\$33.16	(with L&H)	\$60.40	\$2.74	\$10.25	\$1.14		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4838										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.60										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.60	\$0.00	\$37.42	\$33.16		\$60.40	\$2.74	\$10.25	\$1.14		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.97	\$99.82	\$0.00	\$26.82	\$33.16		\$36.91	\$2.74	18.38 (FRV)	\$1.14		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.97	\$99.82	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4134										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.09										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.24	\$141.09	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$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)	\$0.09	\$0.00	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23										
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	\$5.73	\$5.64	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$265.97	\$146.73	\$0.00	\$26.82	\$33.25	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.48											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: THE OAKS - BETHANY SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140258A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6513	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.14%	2.5%	Quarterly Medicaid CMI:			1.6050	1.5932
							3.26	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6353	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,717,501	\$4,621,748	\$0	\$766,240	\$1,151,204	\$0	\$1,775,161		\$403,148	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$911,286)	(\$154,401)	\$0	\$0	(\$605)	\$789	(\$646,966)		(\$110,103)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$722,838			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$53,502	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,582,555	\$4,467,347	\$0	\$766,240	\$1,150,599	\$789	\$1,128,195	\$722,838	\$293,045	\$53,502	
8	Total Nursing Facility Days As Filed Days = 38,250	FY21 Audited C/R Days	38,250										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,250	FY21 GL-PL Ins Rpt Days								38,250			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.38	\$116.79	\$0.00	\$20.03	\$30.10	(with L&H)	\$29.50	\$18.90	\$7.66	\$1.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6513									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.73									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.73	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	\$7.66	\$1.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.49	\$70.73	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	13.83 (FRV)	\$1.40	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.49	\$70.73	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6353									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.42	\$115.66	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40	
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78									
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	\$27.30	\$9.20	\$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	\$256.72	\$124.86	\$0.00	\$20.25	\$30.51	\$0.00	\$46.97	\$18.90	\$13.83	\$1.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.72										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
Provider: PRUITTHEALTH - BETHANY Prvdr ID: 00140269A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6752	1.5751	Qtrly BIMS score	41.25%	2.5%	Quarterly Medicaid CMI:	1.7126	1.5932	Nurse Hours per On-Site Day/Quality Incentive:	2.67	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7452	1.6218
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																					
Peer Group Standards & Efficiency Measure Limits																														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																					
Base Period Per Diem Allowed Amounts																														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,528,326	\$3,109,426	\$0	\$463,271	\$570,373	\$0	\$1,154,896		\$230,360	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$481,433)	(\$114,470)	\$0	\$0	\$0	\$1,345	(\$325,558)		(\$42,750)																			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$437,605																				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,706																		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,518,204	\$2,994,956	\$0	\$463,271	\$570,373	\$1,345	\$829,338	\$437,605	\$187,610	\$33,706																		
8	Total Nursing Facility Days	As Filed Days = 24,639		24,639																										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,639									24,639																			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.95	\$121.55	\$0.00	\$18.80	\$23.20	(with L&H)	\$33.66	\$17.76	\$7.61	\$1.37																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6752																										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.56																										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.56	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	\$7.61	\$1.37																		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.33	\$72.56	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	13.98	\$1.37																		
Quarterly Per Diem Rate Prior to Add-ons																														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.33	\$72.56	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7452																										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.63																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.40	\$126.63	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37																		
Quarterly Per Diem Add-on Amounts																														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17																										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$263.53	\$136.66	\$0.00	\$19.02	\$23.61	\$0.00	\$51.13	\$17.76	\$13.98	\$1.37																		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.82																											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: CUMMING HEALTH & REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140302A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.6071	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	39.13%	Quarterly Medicaid CMI:				1.6848	1.5932	
					4.09	Qtrly Mcaid CMI w RUG Wght Options:				1.7173	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,231,841	\$3,498,235	\$0	\$647,050	\$758,499	\$0	\$1,159,015		\$169,042	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$302,214)	\$0	\$0	\$0	(\$8,756)	(\$4,379)	(\$224,580)		(\$64,499)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$203,188		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,382
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,196,197	\$3,498,235	\$0	\$647,050	\$749,743	(\$4,379)	\$934,435	\$203,188	\$104,543	\$63,382
8	Total Nursing Facility Days	As Filed Days = 19,987 FY21 Audited C/R Days	19,987									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,987 FY21 GL-PL Ins Rpt Days								19,987		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$310.01	\$175.03	\$0.00	\$32.37	\$37.29	(with L&H)	\$46.75	\$10.17	\$5.23	\$3.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6071								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.91	\$0.00	\$32.37	\$37.29		\$46.75	\$10.17	\$5.23	\$3.17
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.80	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$10.17	11.63 (FRV)	\$3.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.80	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7173								
18	Qtrly Routine Srvc 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	\$293.40	\$171.42	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.29	\$4.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$26.53	\$9.43	\$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	\$319.93	\$180.85	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$10.17	\$11.63	\$3.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.12									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVERSIDE HEALTH CARE CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140324A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5533	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	36.36%	Quarterly Medicaid CMI:				1.7846	1.5932	
					3.33	Qtrly Mcaid CMI w RUG Wght Options:				1.8179	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,680,007		\$2,299,974	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$462,482)	\$0	\$0	\$0	\$0	\$0	(\$314,221)		(\$148,261)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$314,221		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,261
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,365,786	\$314,221	\$2,151,713	\$148,261
8	Total Nursing Facility Days	FY21 Audited C/R Days	39,567									
	As Filed Days = 39,567											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								39,567		
	As Filed Days = 39,567											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.53	\$131.11	\$0.00	\$17.46	\$24.37	(with L&H)	\$34.52	\$7.94	\$54.38	\$3.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5533								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.41	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	\$54.38	\$3.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.39	\$84.41	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	9.94 (FRV)	\$3.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.39	\$84.41	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8179								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.43	\$153.45	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.84	\$3.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$27.07	\$8.97	\$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	\$278.50	\$162.42	\$0.00	\$17.68	\$24.78	\$0.00	\$51.99	\$7.94	\$9.94	\$3.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVERSIDE HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140346A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4661		1.4661	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Qtrly BIMS score: 37.70%		Nurse Hours per On-Site Day/Quality Incentive: 3.40		3.40	2.5%	Quarterly Medicaid CMI: 1.2877		1.2877	1.5932		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3037		1.3037	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,337,615	\$2,280,608	\$0	\$500,886	\$533,001	\$0	\$882,858		\$140,262	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$107,733)	(\$2,361)	\$0	(\$578)	\$0	(\$440)	(\$94,191)		(\$10,163)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$75,920			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,163	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,315,965	\$2,278,247	\$0	\$500,308	\$533,001	(\$440)	\$788,667	\$75,920	\$130,099	\$10,163	
8	Total Nursing Facility Days As Filed Days = 20,238	FY21 Audited C/R Days	20,238										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,238	FY21 GL-PL Ins Rpt Days								20,238			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.25	\$112.57	\$0.00	\$24.72	\$26.31	(with L&H)	\$38.97	\$3.75	\$6.43	\$0.50	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4661									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.78									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.78	\$0.00	\$24.72	\$26.31		\$38.97	\$3.75	\$6.43	\$0.50	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.82	\$76.78	\$0.00	\$24.72	\$26.31		\$36.91	\$3.75	11.85 (FRV)	\$0.50	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.82	\$76.78	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3037									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.14	\$100.10	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01									
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	\$25.77	\$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	\$229.91	\$108.14	\$0.00	\$24.94	\$26.72	\$0.00	\$54.01	\$3.75	\$11.85	\$0.50	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.61										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: BONTERRA TRANSITIONAL CARE & REHABILITATION Prvdr ID: 00140357A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 31.07% Nurse Hours per On-Site Day/Quality Incentive: 2.99				Base Period Overall CMI: 1.4811 Quarterly Medicaid CMI: 1.5998 Qtrly Mcaid CMI w RUG Wght Options: 1.6310				Facility Specific: 1.4811 State-wide: 1.5751 1.5998 1.6218	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,568,733	\$3,744,904	\$0	\$615,602	\$641,094	\$0	\$1,353,021		\$1,214,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,122)	(\$105,636)	\$0	\$0	\$0	\$0	(\$117,027)		(\$58,459)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$222,663		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$58,459
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,568,733	\$3,639,268	\$0	\$615,602	\$641,094	\$0	\$1,235,994	\$222,663	\$1,155,653	\$58,459
8	Total Nursing Facility Days	FY21 Audited C/R Days	36,165									
	As Filed Days = 36,165											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,165		
	As Filed Days = 36,165											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.30	\$100.63	\$0.00	\$17.02	\$17.73	(with L&H)	\$34.18	\$6.16	\$31.96	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4811								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.94	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	\$31.96	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$67.94	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	10.58 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.23	\$67.94	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6310								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.10	\$110.81	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.72	\$116.33	\$0.00	\$17.24	\$18.14	\$0.00	\$51.65	\$6.16	\$10.58	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: ANDERSON MILL HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140379A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7412	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	24.51%	Quarterly Medicaid CMI:				2.0905	1.5932	
					3.42	Qtrly Mcaid CMI w RUG Wght Options:				2.1320	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,594,237	\$5,161,415	\$0	\$743,175	\$756,255	\$0	\$1,137,086		\$1,796,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$323,482	(\$18,519)	\$0	(\$700)	(\$3,404)	(\$1,208)	\$649,310		(\$301,997)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$72,317
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,090,036	\$5,142,896	\$0	\$742,475	\$752,851	(\$1,208)	\$1,786,396	\$100,000	\$1,494,309	\$72,317
8	Total Nursing Facility Days	As Filed Days = 40,163 FY21 Audited C/R Days	40,163									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,163 FY21 GL-PL Ins Rpt Days								40,163		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.23	\$128.05	\$0.00	\$18.49	\$18.71	(with L&H)	\$44.48	\$2.49	\$37.21	\$1.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7412								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.54	\$0.00	\$18.49	\$18.71		\$44.48	\$2.49	\$37.21	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.52	\$73.54	\$0.00	\$18.49	\$18.71		\$36.91	\$2.49	9.58 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.52	\$73.54	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1320								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.77	\$156.79	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.57	\$1.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.70	\$4.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.80	\$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	\$269.30	\$163.59	\$0.00	\$18.71	\$19.12	\$0.00	\$54.01	\$2.49	\$9.58	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.15									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH - VIRGINIA PARK Prvdr ID: 00140401A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 46.46% Nurse Hours per On-Site Day/Quality Incentive: 3.52				0.00%	5.5%	Base Period Overall CMI: 1.6723 Quarterly Medicaid CMI: 1.6908 Qtrly Mcaid CMI w RUG Wght Options: 1.7218			1.6723	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,961,153	\$4,470,307	\$0	\$564,985	\$814,933	\$0	\$1,625,963		\$484,965	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$491,836)	(\$120,819)	\$0	\$0	\$31,984	\$52,032	(\$387,726)		(\$67,307)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$471,989		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$77,280
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,018,586	\$4,349,488	\$0	\$564,985	\$846,917	\$52,032	\$1,238,237	\$471,989	\$417,658	\$77,280
8	Total Nursing Facility Days	FY21 Audited C/R Days	36,290	36,290								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.96	\$119.85	\$0.00	\$15.57	\$24.77	(with L&H)	\$34.12	\$13.01	\$11.51	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6723								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.67	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	\$11.51	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.51	\$71.67	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	15.24 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.51	\$71.67	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7218								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.24	\$123.40	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13
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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.79	\$6.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$31.59	\$13.49	\$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	\$259.83	\$136.89	\$0.00	\$15.79	\$25.18	\$0.00	\$51.59	\$13.01	\$15.24	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: BRIGHTMOOR NURSING CENTER, LLC Prvdr ID: 00140412A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6090	1.5751
							34.78%	2.5%					1.8844	1.5932
							3.17	4.0%					1.9220	1.6218
BASE PERIOD PER DIEM ALLOWED AMOUNTS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,596,126	\$4,575,170	\$0	\$1,088,765	\$1,495,115	\$0	\$1,463,519		\$973,557	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$323,750)	\$0	\$0	\$0	\$34,485	\$40,017	(\$265,022)		(\$133,230)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$251,170				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$139,869		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,663,415	\$4,575,170	\$0	\$1,088,765	\$1,529,600	\$40,017	\$1,198,497	\$251,170	\$840,327	\$139,869		
8	Total Nursing Facility Days	FY21 Audited C/R Days	34,111											
	As Filed Days = 34,111													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								34,111				
	As Filed Days = 34,111													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$283.30	\$134.13	\$0.00	\$31.92	\$46.01	(with L&H)	\$35.14	\$7.36	\$24.64	\$4.10		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6090										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.36										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.36	\$0.00	\$31.92	\$46.01		\$35.14	\$7.36	\$24.64	\$4.10		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.35	\$83.36	\$0.00	\$26.82	\$33.28		\$35.14	\$7.36	19.29	\$4.10		
											(FRV)			
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.35	\$83.36	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9220										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$160.22										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$286.21	\$160.22	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.01	\$4.01										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.41	\$6.41										
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	\$28.42	\$10.95	\$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	\$314.63	\$171.17	\$0.00	\$26.82	\$33.28	\$0.00	\$52.61	\$7.36	\$19.29	\$4.10		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$223.15											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: BROWN'S HEALTH & REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140434A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5938	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	12.96%	0.0%	Quarterly Medicaid CMI:			1.7515	1.5932
							2.78	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7847	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,494,237	\$1,803,057	\$0	\$338,910	\$366,945	\$0	\$618,853		\$366,472	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$77,258)	\$2,600	\$0	\$0	(\$902)	(\$943)	(\$56,934)		(\$21,079)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$42,416			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,973	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,480,368	\$1,805,657	\$0	\$338,910	\$366,043	(\$943)	\$561,919	\$42,416	\$345,393	\$20,973	
8	Total Nursing Facility Days	As Filed Days = 19,705 FY21 Audited C/R Days	19,705										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,705 FY21 GL-PL Ins Rpt Days								19,705			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.62	\$91.63	\$0.00	\$17.20	\$18.53	(with L&H)	\$28.52	\$2.15	\$17.53	\$1.06	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5938									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.49									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.49	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	\$17.53	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.09	\$57.49	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	13.14 (FRV)	\$1.06	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.09	\$57.49	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7847									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.20	\$102.60	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.68	\$2.58	\$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	\$203.88	\$105.18	\$0.00	\$17.42	\$18.94	\$0.00	\$45.99	\$2.15	\$13.14	\$1.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.09										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - LANIER Prvdr ID: 00140456A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5766	1.5751
							45.61%	5.5%					1.6968	1.5932
							2.97	5.0%					1.7284	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,788,419	\$2,976,534	\$0	\$398,248	\$694,812	\$0	\$1,378,163		\$340,662	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$561,835)	(\$23,090)	\$0	\$0	(\$2,638)	(\$2,378)	(\$498,265)		(\$35,464)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$508,343				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,124		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,770,051	\$2,953,444	\$0	\$398,248	\$692,174	(\$2,378)	\$879,898	\$508,343	\$305,198	\$35,124		
8	Total Nursing Facility Days	FY21 Audited C/R Days	21,629											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,629				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$266.76	\$136.55	\$0.00	\$18.41	\$31.89	(with L&H)	\$40.68	\$23.50	\$14.11	\$1.62		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5766										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.61										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.61	\$0.00	\$18.41	\$31.89		\$40.68	\$23.50	\$14.11	\$1.62		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.76	\$86.61	\$0.00	\$18.41	\$31.89		\$36.91	\$23.50	8.82 (FRV)	\$1.62		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.76	\$86.61	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7284										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.70										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.85	\$149.70	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.23	\$8.23										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$33.98	\$16.25	\$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	\$304.83	\$165.95	\$0.00	\$18.63	\$32.30	\$0.00	\$54.01	\$23.50	\$8.82	\$1.62		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$215.80											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: CHURCH HOME REHABILITATION AND HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140467A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5171	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	19.44%	0.0%	Quarterly Medicaid CMI:			1.5481	1.5932
							4.64	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5780	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,650,815	\$2,425,015	\$0	\$660,934	\$399,281	\$0	\$793,410		\$372,175	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$45,224)	(\$55,742)	\$0	\$0	\$0	\$0	\$24,926		(\$14,408)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$30,816			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,408	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,650,815	\$2,369,273	\$0	\$660,934	\$399,281	\$0	\$818,336	\$30,816	\$357,767	\$14,408	
8	Total Nursing Facility Days As Filed Days = 21,474	FY21 Audited C/R Days	21,474										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,474	FY21 GL-PL Ins Rpt Days								21,474			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$216.58	\$110.33	\$0.00	\$30.78	\$18.59	(with L&H)	\$38.11	\$1.44	\$16.66	\$0.67	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5171									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.72	\$0.00	\$30.78	\$18.59		\$38.11	\$1.44	\$16.66	\$0.67	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.56	\$72.72	\$0.00	\$26.82	\$18.59		\$36.91	\$1.44	30.41 (FRV)	\$0.67	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.56	\$72.72	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5780									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.75									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.59	\$114.75	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$22.63	\$5.12	\$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	\$252.22	\$119.87	\$0.00	\$26.82	\$19.00	\$0.00	\$54.01	\$1.44	\$30.41	\$0.67	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.34										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CALHOUN NURSING HOME Prvdr ID: 00140478A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A		Qtrly BIMS score: 48.28%		4.07	0.00%	Base Period Overall CMI: 1.8198		Quarterly Medicaid CMI: 1.8103		1.8463	1.5751
		Nurse Hours per On-Site Day/Quality Incentive:					3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,863,425	\$3,135,821	\$0	\$458,145	\$478,420	\$0	\$574,906		\$216,133	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,697)	(\$1,834)	\$0	\$0	\$1,459	(\$6,338)	(\$120,321)		(\$20,663)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$120,321			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,784	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,856,833	\$3,133,987	\$0	\$458,145	\$479,879	(\$6,338)	\$454,585	\$120,321	\$195,470	\$20,784	
8	Total Nursing Facility Days	As Filed Days = 19,676 FY21 Audited C/R Days	19,676										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,676 FY21 GL-PL Ins Rpt Days								19,676			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$246.84	\$159.28	\$0.00	\$23.28	\$24.07	(with L&H)	\$23.10	\$6.12	\$9.93	\$1.06	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8198									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.52									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.52	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	\$9.93	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.10	\$87.52	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	16.95 (FRV)	\$1.06	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.10	\$87.52	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$16.95	\$1.06	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8463									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$161.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.17	\$161.59	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$16.95	\$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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.89	\$8.89									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.85	\$4.85									
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	\$32.37	\$14.27	\$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	\$288.54	\$175.86	\$0.00	\$23.50	\$24.48	\$0.00	\$40.57	\$6.12	\$16.95	\$1.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.58										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: CANTON CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00140511A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5413	1.5751
							25.58%	1.0%					2.0990	1.5932
							3.09	2.0%					2.1408	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,135,629	\$3,171,270	\$0	\$648,575	\$920,715	\$0	\$1,242,585		\$152,484	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$234,458)	\$0	\$0	\$0	\$0	\$0	(\$182,750)		(\$51,708)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$114,720				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,708		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,067,599	\$3,171,270	\$0	\$648,575	\$920,715	\$0	\$1,059,835	\$114,720	\$100,776	\$51,708		
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,879											
	As Filed Days = 26,879													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,879				
	As Filed Days = 26,879													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.73	\$117.98	\$0.00	\$24.13	\$34.25	(with L&H)	\$39.43	\$4.27	\$3.75	\$1.92		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5413										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$24.13	\$34.25		\$39.43	\$4.27	\$3.75	\$1.92		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.53	\$76.55	\$0.00	\$24.13	\$33.28		\$36.91	\$4.27	12.47 (FRV)	\$1.92		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$76.55	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1408										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$163.88										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$276.86	\$163.88	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.64	\$1.64										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28										
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	\$22.77	\$5.45	\$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	\$299.63	\$169.33	\$0.00	\$24.35	\$33.28	\$0.00	\$54.01	\$4.27	\$12.47	\$1.92		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.90											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: UNIVERSITY NURSING & REHAB CTR Prvdr ID: 00140533A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A Qtrly BIMS score: 29.69% Nurse Hours per On-Site Day/Quality Incentive: 3.03				Add-on Percent: 0.00% 1.0% 3.0%				Base Period Overall CMI: 1.5635 Quarterly Medicaid CMI: 1.4020 Qtrly Mcaid CMI w RUG Wght Options: 1.4237	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,972,415	\$3,679,811	\$0	\$556,914	\$627,638	\$0	\$1,292,330		\$815,722	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$69,277)	(\$79,539)	\$0	(\$14,665)	\$0	\$16,726	\$63,332		(\$55,131)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,462		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$55,131
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,970,731	\$3,600,272	\$0	\$542,249	\$627,638	\$16,726	\$1,355,662	\$12,462	\$760,591	\$55,131
8	Total Nursing Facility Days	FY21 Audited C/R Days	30,853									
	As Filed Days = 30,853											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								30,853		
	As Filed Days = 30,853											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.93	\$116.69	\$0.00	\$17.58	\$20.88	(with L&H)	\$43.94	\$0.40	\$24.65	\$1.79
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5635								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.63	\$0.00	\$17.58	\$20.88		\$43.94	\$0.40	\$24.65	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.20	\$74.63	\$0.00	\$17.58	\$20.88		\$36.91	\$0.40	8.01 (FRV)	\$1.79
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.20	\$74.63	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4237								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.82	\$106.25	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.51	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.33	\$111.03	\$0.00	\$17.80	\$21.29	\$0.00	\$54.01	\$0.40	\$8.01	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.92									

Quarterly Case Mix Per Diem Calculation

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Provider: Cottages at Rockmart				Facility Score	Add-on Percent			Facility Specific	State-wide
Prvdr ID: 00140544A				N/A	0.00%			1.6883	1.5751
H/B ? : No	Case Mix Per Diem Rate Effective Date: 04/01/24			BIMS: 19.4%	0.0%			1.6912	1.5195
	MDS & Nurse Hrs Data per Quarter Ending: 12/31/23	Nurse Hours per On-Site Day/Quality Incentive: 8.19			3.0%		Qtrly Mcaid CMI w RUG Wght Options:	1.7232	1.5463

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2021 GL-PL Ins. Rpt								\$ 165,488		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								21,895		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$42.38	\$3.67
	Allowed @ 95% of Std		\$233.04	\$94.83		\$25.48	\$31.62		\$35.06		\$42.38	\$3.67
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$240.60	\$94.83		\$25.48	\$31.62		\$35.06	\$ 7.56	\$42.38	\$3.67
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7232							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$163.41								
	Quarterly Medicaid CMA Allowed Per Diem		\$305.81	\$163.41		\$25.48	\$31.62		\$35.06	\$ 4.19	\$42.38	\$3.67
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.90	\$4.90								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.00									
	Quarterly Case Mix Based Per Diem Rate		\$327.81	\$168.31		\$25.48	\$31.62		\$52.16	\$4.19	\$42.38	\$3.67
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$233.04										

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: CALHOUN HEALTH CARE CENTER Prvdr ID: 00140577A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6411	1.5751
							37.50%	2.5%					2.0810	1.5932
							3.37	3.0%					2.1224	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,956,310	\$2,240,206	\$0	\$588,060	\$485,069	\$0	\$1,061,986		\$580,989	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$246,636)	\$5	\$0	\$3,051	(\$4,514)	(\$3,911)	(\$208,856)		(\$32,411)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$158,470				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$76,738		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,944,882	\$2,240,211	\$0	\$591,111	\$480,555	(\$3,911)	\$853,130	\$158,470	\$548,578	\$76,738		
8	Total Nursing Facility Days	As Filed Days = 26,266 FY21 Audited C/R Days	26,266											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,266 FY21 GL-PL Ins Rpt Days								26,266				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.26	\$85.29	\$0.00	\$22.50	\$18.15	(with L&H)	\$32.48	\$6.03	\$20.89	\$2.92		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6411										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.97										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.97	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	\$20.89	\$2.92		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.37	\$51.97	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	9.32 (FRV)	\$2.92		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.37	\$51.97	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1224										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.30										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.70	\$110.30	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$226.40	\$116.90	\$0.00	\$22.72	\$18.56	\$0.00	\$49.95	\$6.03	\$9.32	\$2.92		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.98											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: CAMELLIA HEALTH & REHABILITATION Prvdr ID: 00140588A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6124	1.5751
							36.00%	2.5%					1.4772	1.5932
							3.83	5.0%					1.5038	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,668,198	\$1,921,832	\$0	\$438,663	\$444,303	\$0	\$651,593		\$211,807	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$157,821)	(\$7,877)	\$0	(\$466)	(\$1,455)	(\$2,649)	(\$122,922)		(\$22,452)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,454				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,268		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,643,099	\$1,913,955	\$0	\$438,197	\$442,848	(\$2,649)	\$528,671	\$110,454	\$189,355	\$22,268		
8	Total Nursing Facility Days	As Filed Days = 16,319 FY21 Audited C/R Days		16,340										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,319 FY21 GL-PL Ins Rpt Days								16,340				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.95	\$117.13	\$0.00	\$26.82	\$26.94	(with L&H)	\$32.35	\$6.76	\$11.59	\$1.36		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6124										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.64										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.64	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	\$11.59	\$1.36		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.80	\$72.64	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	9.93 (FRV)	\$1.36		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.80	\$72.64	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5038										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.24										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.40	\$109.24	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.46	\$5.46										
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	\$26.60	\$8.72	\$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	\$240.00	\$117.96	\$0.00	\$26.82	\$27.35	\$0.00	\$49.82	\$6.76	\$9.93	\$1.36		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.18											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: FORT GAINES HEALTH AND REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140599A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.9328				1.9328	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 30.00%	2.5%	Quarterly Medicaid CMI: 1.9223				1.9223	1.5932	
				3.41	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9586				1.9586	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,121,894	\$1,561,068	\$0	\$367,087	\$420,282	\$0	\$1,403,579		\$369,878	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$83,203)	(\$3,220)	\$0	\$0	\$1,287	\$1,559	(\$29,459)		(\$53,370)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$22,250		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$53,731
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,114,672	\$1,557,848	\$0	\$367,087	\$421,569	\$1,559	\$1,374,120	\$22,250	\$316,508	\$53,731
8	Total Nursing Facility Days As Filed Days = 17,093	FY21 Audited C/R Days	17,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,093	FY21 GL-PL Ins Rpt Days								17,093		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$240.72	\$91.14	\$0.00	\$21.48	\$24.75	(with L&H)	\$80.39	\$1.30	\$18.52	\$3.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9328								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$47.15	\$0.00	\$21.48	\$24.75		\$80.39	\$1.30	\$18.52	\$3.14
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.59	\$47.15	\$0.00	\$21.48	\$24.75		\$36.91	\$1.30	23.86 (FRV)	\$3.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.59	\$47.15	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9586								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.79	\$92.35	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69								
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	\$24.26	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.05	\$98.88	\$0.00	\$21.70	\$25.16	\$0.00	\$54.01	\$1.30	\$23.86	\$3.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: HARBORVIEW HEALTH SYSTEMS THOMASTON		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140621A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4983	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.92%	1.0%	Quarterly Medicaid CMI:			1.8639	1.5932
							2.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9005	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,717,130	\$3,346,221	\$0	\$563,547	\$562,123	\$0	\$1,166,941		\$1,078,298	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,495)	(\$110,140)	\$0	\$0	\$0	\$1,380	(\$66,131)		(\$106,604)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$134,984			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$106,604	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,677,223	\$3,236,081	\$0	\$563,547	\$562,123	\$1,380	\$1,100,810	\$134,984	\$971,694	\$106,604	
8	Total Nursing Facility Days	As Filed Days = 37,338 FY21 Audited C/R Days	37,338										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,338 FY21 GL-PL Ins Rpt Days								37,338			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.83	\$86.67	\$0.00	\$15.09	\$15.09	(with L&H)	\$29.48	\$3.62	\$26.02	\$2.86	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4983									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	\$26.02	\$2.86	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.18	\$57.84	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	9.20 (FRV)	\$2.86	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.18	\$57.84	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9005									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.26	\$109.92	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30									
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	\$23.03	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.29	\$114.85	\$0.00	\$15.31	\$15.50	\$0.00	\$46.95	\$3.62	\$9.20	\$2.86	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.39										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide				
Provider: BRIAN CENTER HEALTH & REHABILITATION CANTON Prvdr ID: 00140643A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7426	1.5751				
													Qtrly BIMS score	21.31%	1.0%	Quarterly Medicaid CMI:	1.8610	1.5932				
													Nurse Hours per On-Site Day/Quality Incentive:	3.24	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8978	1.6218				
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
Peer Group Standards & Efficiency Measure Limits																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,139,629	\$4,211,038	\$0	\$471,482	\$570,503	\$0	\$1,025,044		\$861,562	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$195,402	(\$14,676)	\$0	\$0	\$639	\$839	\$268,765		(\$60,165)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$106,243												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,336										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,501,610	\$4,196,362	\$0	\$471,482	\$571,142	\$839	\$1,293,809	\$106,243	\$801,397	\$60,336										
8	Total Nursing Facility Days	As Filed Days = 29,720																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,720																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.40	\$141.20	\$0.00	\$15.86	\$19.25	(with L&H)	\$43.53	\$3.57	\$26.96	\$2.03										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7426																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.03																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.03	\$0.00	\$15.86	\$19.25		\$43.53	\$3.57	\$26.96	\$2.03										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.75	\$81.03	\$0.00	\$15.86	\$19.25		\$36.91	\$3.57	14.10	\$2.03										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.75	\$81.03	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8978																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.78																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.50	\$153.78	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03										
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$5.15	\$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	\$268.38	\$158.93	\$0.00	\$16.08	\$19.66	\$0.00	\$54.01	\$3.57	\$14.10	\$2.03										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.46																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: HEALTHCARE AT COLLEGE PARK, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140654A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4724	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.88%	1.0%	Quarterly Medicaid CMI:			1.5103	1.5932
							3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5386	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,602,735	\$2,065,744	\$0	\$468,472	\$516,636	\$0	\$797,064		\$754,819	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$145,528)	(\$8,315)	\$0	\$0	\$0	\$0	(\$55,338)		(\$81,875)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$81,875	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,082	\$2,057,429	\$0	\$468,472	\$516,636	\$0	\$741,726	\$0	\$672,944	\$81,875	
8	Total Nursing Facility Days As Filed Days = 27,762	FY21 Audited C/R Days	27,762										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,762	FY21 GL-PL Ins Rpt Days								27,762			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.50	\$74.11	\$0.00	\$16.87	\$18.61	(with L&H)	\$26.72	\$0.00	\$24.24	\$2.95	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4724									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.33									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.33	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	\$24.24	\$2.95	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.11	\$50.33	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	8.63 (FRV)	\$2.95	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.11	\$50.33	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5386									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.22	\$77.44	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$21.72	\$3.62	\$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	\$172.94	\$81.06	\$0.00	\$17.09	\$19.02	\$0.00	\$44.19	\$0.00	\$8.63	\$2.95	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.88										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: LIFE CARE CENTER Prvdr ID: 00140665A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A Qtrly BIMS score: 37.18% Nurse Hours per On-Site Day/Quality Incentive: 3.61				Add-on Percent: 0.00% 2.5% 4.0%				Base Period Overall CMI: 1.3880 Quarterly Medicaid CMI: 1.5758 Qtrly Mcaid CMI w RUG Wght Options: 1.6061	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,373,050	\$3,614,283	\$0	\$488,283	\$738,484	\$0	\$874,011		\$657,989	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$198,376)	\$0	\$0	\$0	\$0	\$0	(\$121,848)		(\$76,528)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$94,222		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$76,528
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,345,424	\$3,614,283	\$0	\$488,283	\$738,484	\$0	\$752,163	\$94,222	\$581,461	\$76,528
8	Total Nursing Facility Days	FY21 Audited C/R Days	35,590									
	As Filed Days = 35,590											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								35,590		
	As Filed Days = 35,590											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.29	\$101.55	\$0.00	\$13.72	\$20.75	(with L&H)	\$21.13	\$2.65	\$16.34	\$2.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3880								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.16	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	\$16.34	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.49	\$73.16	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	14.93 (FRV)	\$2.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.49	\$73.16	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6061								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.83	\$117.50	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.70	\$4.70								
23	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	\$219.10	\$125.67	\$0.00	\$13.94	\$21.16	\$0.00	\$38.60	\$2.65	\$14.93	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - EASTSIDE Prvdr ID: 00140687A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 32.35% Nurse Hours per On-Site Day/Quality Incentive: 2.93				N/A	0.00% 2.5% 5.0%	Base Period Overall CMI: 1.4455 Quarterly Medicaid CMI: 1.4772 Qtrly Mcaid CMI w RUG Wght Options: 1.5037				1.4455 1.4772 1.5037	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,036,126	\$3,511,331	\$0	\$498,616	\$656,759	\$0	\$1,135,833		\$233,587	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$444,317)	(\$87,082)	\$0	\$0	\$0	\$782	(\$307,046)		(\$50,971)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$390,257			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,971	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,033,037	\$3,424,249	\$0	\$498,616	\$656,759	\$782	\$828,787	\$390,257	\$182,616	\$50,971	
8	Total Nursing Facility Days	As Filed Days = 28,228 FY21 Audited C/R Days	28,228										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,228 FY21 GL-PL Ins Rpt Days								28,228			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.73	\$121.31	\$0.00	\$17.66	\$23.29	(with L&H)	\$29.36	\$13.83	\$6.47	\$1.81	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4455									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.93									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.93	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	\$6.47	\$1.81	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.45	\$83.93	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	12.57 (FRV)	\$1.81	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.45	\$83.93	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5037									
18	Qtrly Routine Srvc 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	\$224.73	\$126.21	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$28.10	\$10.00	\$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	\$252.83	\$136.21	\$0.00	\$17.88	\$23.70	\$0.00	\$46.83	\$13.83	\$12.57	\$1.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.80										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: ROME HEALTH AND REHABILITATION CENTER Prvdr ID: 00140753A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A				Base Period Overall CMI: 1.8019				1.8019	1.5751
			Qtrly BIMS score: 20.00%				Quarterly Medicaid CMI: 1.8957				1.8957	1.5932
			Nurse Hours per On-Site Day/Quality Incentive: 3.22				Qtrly Mcaid CMI w RUG Wght Options: 1.9310				1.9310	1.6218
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,389,020	\$3,606,145	\$0	\$522,581	\$518,572	\$0	\$917,721		\$1,824,001	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$394,807	(\$3,287)	\$0	(\$2,205)	(\$1,393)	(\$1,059)	\$447,266		(\$44,515)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$4,219		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,424
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,809,470	\$3,602,858	\$0	\$520,376	\$517,179	(\$1,059)	\$1,364,987	\$4,219	\$1,779,486	\$21,424
8	Total Nursing Facility Days	As Filed Days = 26,266 FY21 Audited C/R Days	26,266									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,266 FY21 GL-PL Ins Rpt Days								26,266		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.33	\$137.17	\$0.00	\$19.81	\$19.65	<i>(with L&H)</i>	\$51.97	\$0.16	\$67.75	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8019								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$19.81	\$19.65		\$51.97	\$0.16	\$67.75	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.31	\$76.12	\$0.00	\$19.81	\$19.65		\$36.91	\$0.16	13.84 <i>(FRV)</i>	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.31	\$76.12	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9310								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.18	\$146.99	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$4.94	\$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	\$260.85	\$151.93	\$0.00	\$20.03	\$20.06	\$0.00	\$54.01	\$0.16	\$13.84	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - CRESTWOOD, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140764A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5525	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	48.28%	5.5%	Quarterly Medicaid CMI:				1.5356	1.5932
							3.61	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5644	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,731,627	\$2,449,052	\$0	\$387,604	\$612,442	\$0	\$986,414		\$296,115	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$381,577)	(\$6,344)	\$0	\$0	\$0	\$1,152	(\$343,519)		(\$32,866)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$343,220				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,000		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,723,270	\$2,442,708	\$0	\$387,604	\$612,442	\$1,152	\$642,895	\$343,220	\$263,249	\$30,000		
8	Total Nursing Facility Days	As Filed Days = 21,669 FY21 Audited C/R Days	21,669											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,669 FY21 GL-PL Ins Rpt Days								21,669				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.98	\$112.73	\$0.00	\$17.89	\$28.32	(with L&H)	\$29.67	\$15.84	\$12.15	\$1.38		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5525										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.61										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.61	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	\$12.15	\$1.38		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.87	\$72.61	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	10.16 (FRV)	\$1.38		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.87	\$72.61	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5644										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.59										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.85	\$113.59	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.25	\$6.25										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.68	\$5.68										
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	\$30.56	\$12.46	\$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	\$247.41	\$126.05	\$0.00	\$18.11	\$28.73	\$0.00	\$47.14	\$15.84	\$10.16	\$1.38		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.73											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GATEWAY HEALTH AND REHAB Prvdr ID: 00140786A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7407	1.5751		
				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:			1.7339	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	3.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7684	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,816,748	\$2,220,290	\$0	\$339,604	\$418,630	\$0	\$586,622		\$251,602	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$98,306)	(\$215)	\$0	\$0	\$0	\$0	(\$89,285)		(\$8,806)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$93,373			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,442	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,823,257	\$2,220,075	\$0	\$339,604	\$418,630	\$0	\$497,337	\$93,373	\$242,796	\$11,442	
8	Total Nursing Facility Days	As Filed Days = 15,216 FY21 Audited C/R Days	15,216										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,216 FY21 GL-PL Ins Rpt Days								15,216			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.27	\$145.90	\$0.00	\$22.32	\$27.51	(with L&H)	\$32.69	\$6.14	\$15.96	\$0.75	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7407									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.82									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.82	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	\$15.96	\$0.75	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.98	\$83.82	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	7.75 (FRV)	\$0.75	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.98	\$83.82	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7684									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.39	\$148.23	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.56	\$6.46	\$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	\$269.95	\$154.69	\$0.00	\$22.54	\$27.92	\$0.00	\$50.16	\$6.14	\$7.75	\$0.75	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.64										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: DAWSON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140808A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4959	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.57%	1.0%	Quarterly Medicaid CMI:			1.3579	1.5932
							3.37	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3785	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,035,241	\$2,042,645	\$0	\$447,494	\$470,551	\$0	\$699,322		\$375,229	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$170,413)	(\$27,395)	\$0	(\$501)	(\$5,967)	(\$950)	(\$110,986)		(\$24,614)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,797			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,550	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,967,175	\$2,015,250	\$0	\$446,993	\$464,584	(\$950)	\$588,336	\$77,797	\$350,615	\$24,550	
8	Total Nursing Facility Days As Filed Days = 17,520	FY21 Audited C/R Days	17,636										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,520	FY21 GL-PL Ins Rpt Days								17,636			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.95	\$114.27	\$0.00	\$25.35	\$26.29	(with L&H)	\$33.36	\$4.41	\$19.88	\$1.39	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4959									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.39									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.39	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	\$19.88	\$1.39	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.53	\$76.39	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	10.34 (FRV)	\$1.39	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.53	\$76.39	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3785									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.44	\$105.30	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.21	\$4.21									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$5.79	\$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	\$230.33	\$111.09	\$0.00	\$25.57	\$26.70	\$0.00	\$50.83	\$4.41	\$10.34	\$1.39	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.92										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: CARROLLTON MANOR, INCORPORATED Prvdr ID: 00140852A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5420	1.5751
							28.05%	1.0%					1.5839	1.5932
							3.31	3.0%					1.6113	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,416,140	\$3,114,703	\$0	\$692,914	\$606,621	\$0	\$761,266		\$240,636	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$247,056)	(\$13,646)	\$0	\$0	\$0	\$0	(\$172,290)		(\$61,120)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$180,187				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$61,120		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,410,391	\$3,101,057	\$0	\$692,914	\$606,621	\$0	\$588,976	\$180,187	\$179,516	\$61,120		
8	Total Nursing Facility Days As Filed Days = 29,737	FY21 Audited C/R Days	29,737											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,737	FY21 GL-PL Ins Rpt Days								29,737				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.95	\$104.28	\$0.00	\$23.30	\$20.40	(with L&H)	\$19.81	\$6.06	\$6.04	\$2.06		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5420										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.63										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.63	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	\$6.04	\$2.06		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.42	\$67.63	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	12.16 (FRV)	\$2.06		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.42	\$67.63	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6113										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.97										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.76	\$108.97	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06		
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.99	\$4.89	\$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	\$215.75	\$113.86	\$0.00	\$23.52	\$20.81	\$0.00	\$37.28	\$6.06	\$12.16	\$2.06		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.99											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: EARLY MEMORIAL NURSING FACILITY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140874A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4065	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.10%	2.5%	Quarterly Medicaid CMI:			1.2701	1.5932
							2.42	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2894	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,393,189	\$3,423,538	\$0	\$966,214	\$137,875	\$10,025	\$609,334		\$246,203	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,106)	\$0	\$0	\$0	\$7,272	\$529	(\$49,907)		\$0		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$46,907			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,397,990	\$3,423,538	\$0	\$966,214	\$145,147	\$10,554	\$559,427	\$46,907	\$246,203	\$0	
8	Total Nursing Facility Days	As Filed Days = 31,597 FY21 Audited C/R Days	31,597										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,597 FY21 GL-PL Ins Rpt Days								31,597			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.84	\$108.35	\$0.00	\$30.58	\$4.93	(with L&H)	\$17.71	\$1.48	\$7.79	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4065									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.03	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	\$7.79	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.33	\$77.03	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	10.60 (FRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.33	\$77.03	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2894									
18	Qtrly Routine Srvc 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	\$164.62	\$99.32	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.69	\$5.00	\$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	\$187.31	\$104.32	\$0.00	\$30.80	\$4.93	\$0.00	\$35.18	\$1.48	\$10.60	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.66										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: EASTVIEW NURSING CENTER Prvdr ID: 00140885A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 34.00% Nurse Hours per On-Site Day/Quality Incentive: 3.48			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.6132 Quarterly Medicaid CMI: 1.6601 Qtrly Mcaid CMI w RUG Wght Options: 1.6929			1.6132	1.5751	1.6601	1.5932	1.6929	1.6218
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,436,068	\$1,652,452	\$0	\$466,580	\$570,179	\$0	\$657,930		\$88,927	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,223)	(\$8,683)	\$0	\$173	\$499	\$623	(\$133,453)		(\$51,382)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,629																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																		\$50,507							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,389,981	\$1,643,769	\$0	\$466,753	\$570,678	\$623	\$524,477	\$95,629	\$37,545	\$50,507															
8	Total Nursing Facility Days	As Filed Days = 18,919 FY21 Audited C/R Days	18,919																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,919 FY21 GL-PL Ins Rpt Days								18,919																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.17	\$86.88	\$0.00	\$24.67	\$30.20	(with L&H)	\$27.72	\$5.05	\$1.98	\$2.67															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6132																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.86																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.86	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	\$1.98	\$2.67															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.14	\$53.86	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	8.97 (FRV)	\$2.67															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.14	\$53.86	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6929																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.18																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.46	\$91.18	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00															
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74																							
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	\$23.65	\$5.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.11	\$96.73	\$0.00	\$24.89	\$30.61	\$0.00	\$45.19	\$5.05	\$8.97	\$2.67															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.76																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: EFFINGHAM CARE & REHABILITATION CENTER Prvdr ID: 00140907A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 38.89% Nurse Hours per On-Site Day/Quality Incentive: 3.60				Add-on Percent: 0.00% 2.5% 7.0%				Base Period Overall CMI: 1.3073 Quarterly Medicaid CMI: 1.3492 Qtrly Mcaid CMI w RUG Wght Options: 1.3690		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,565,244	\$5,182,544	\$0	\$673,798	\$223,315	\$231,533	\$4,699,156		\$1,554,898	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,243,873)	(\$538,754)	\$0	\$383,447	\$114,276	\$469,312	(\$683,697)		(\$988,457)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,598			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,352,013	\$4,643,790	\$0	\$1,057,245	\$337,591	\$700,845	\$4,015,459	\$44	\$566,441	\$30,598			
8	Total Nursing Facility Days	As Filed Days = 32,205 FY21 Audited C/R Days	32,205												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,205 FY21 GL-PL Ins Rpt Days								32,205					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$352.48	\$144.19	\$0.00	\$32.83	\$32.24	(with L&H)	\$124.68	\$0.00	\$17.59	\$0.95			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3073											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.30											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$110.30	\$0.00	\$32.83	\$32.24		\$124.68	\$0.00	\$17.59	\$0.95			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.63	\$99.82	\$0.00	\$32.83	\$32.24		\$36.91	\$0.00	11.88 (FRV)	\$0.95			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.63	\$99.82	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3690											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.65											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.46	\$136.65	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$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)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$9.57	\$9.57											
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	\$30.72	\$12.99	\$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	\$282.18	\$149.64	\$0.00	\$33.05	\$32.65	\$0.00	\$54.01	\$0.00	\$11.88	\$0.95			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.81												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: SOUTHERN PINES Prvdr ID: 00140918A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 11.11% Nurse Hours per On-Site Day/Quality Incentive: 3.42				0.00%	0.0%	Base Period Overall CMI: 1.8254 Quarterly Medicaid CMI: 1.8146 Qtrly Mcaid CMI w RUG Wght Options: 1.8488				1.8254	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,849,570	\$1,987,441	\$0	\$374,773	\$555,680	\$0	\$749,144		\$182,532	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,599)	\$0	\$0	\$0	(\$436)	(\$443)	(\$98,230)		(\$93,490)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,553			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,342	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,842,866	\$1,987,441	\$0	\$374,773	\$555,244	(\$443)	\$650,914	\$92,553	\$89,042	\$93,342	
8	Total Nursing Facility Days	As Filed Days = 16,384 FY21 Audited C/R Days	16,384										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,384 FY21 GL-PL Ins Rpt Days								16,384			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.54	\$121.30	\$0.00	\$22.87	\$33.86	(with L&H)	\$39.73	\$5.65	\$5.43	\$5.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8254									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.45									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.45	\$0.00	\$22.87	\$33.86		\$39.73	\$5.65	\$5.43	\$5.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.98	\$66.45	\$0.00	\$22.87	\$33.28		\$36.91	\$5.65	35.12 (FRV)	\$5.70	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.98	\$66.45	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8488									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.85									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.38	\$122.85	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69									
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	\$21.54	\$4.22	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$283.92	\$127.07	\$0.00	\$23.09	\$33.28	\$0.00	\$54.01	\$5.65	\$35.12	\$5.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.12										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: EMANUEL COUNTY NURSING HOME Prvdr ID: 00140929A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 14.71% Nurse Hours per On-Site Day/Quality Incentive: 3.82				N/A	0.00%	Base Period Overall CMI: 1.2579 Quarterly Medicaid CMI: 1.1494 Qtrly Mcaid CMI w RUG Wght Options: 1.1676			1.2579	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,057,979	\$2,041,614	\$0	\$581,755	\$297,700	\$229,696	\$820,110		\$87,104	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$6,902)	\$0	\$0	\$0	\$0	\$0	(\$6,902)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,902		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,057,979	\$2,041,614	\$0	\$581,755	\$297,700	\$229,696	\$813,208	\$6,902	\$87,104	\$0
8	Total Nursing Facility Days As Filed Days = 13,428	FY21 Audited C/R Days	13,428									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,428	FY21 GL-PL Ins Rpt Days								13,428		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$302.20	\$152.04	\$0.00	\$43.32	\$39.28	(with L&H)	\$60.56	\$0.51	\$6.49	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2579								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$120.87	\$0.00	\$43.32	\$39.28		\$60.56	\$0.51	\$6.49	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.34	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$0.51	16.69 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.34	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1676								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.07	\$116.55	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50								
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	\$20.60	\$3.50	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.67	\$120.05	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.51	\$16.69	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - BLUE RIDGE Prvdr ID: 00140973A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5187	1.5751
							12.28%	0.0%					1.5187	1.5932
							3.65	5.0%					1.5475	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,725,030	\$3,087,338	\$0	\$410,677	\$810,443	\$0	\$1,192,709		\$223,863	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$476,214)	(\$52,343)	\$0	\$0	\$8,744	\$10,262	(\$411,037)		(\$31,840)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$438,859				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,586		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,720,261	\$3,034,995	\$0	\$410,677	\$819,187	\$10,262	\$781,672	\$438,859	\$192,023	\$32,586		
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,881											
	As Filed Days = 22,881													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,881				
	As Filed Days = 22,881													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.99	\$132.64	\$0.00	\$17.95	\$36.25	(with L&H)	\$34.16	\$19.18	\$8.39	\$1.42		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5187										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.34										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.34	\$0.00	\$17.95	\$36.25		\$34.16	\$19.18	\$8.39	\$1.42		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.05	\$87.34	\$0.00	\$17.95	\$33.28		\$34.16	\$19.18	9.72 (FRV)	\$1.42		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.05	\$87.34	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5475										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.16										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.87	\$135.16	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.76	\$6.76										
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	\$24.98	\$7.29	\$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	\$275.85	\$142.45	\$0.00	\$18.17	\$33.28	\$0.00	\$51.63	\$19.18	\$9.72	\$1.42		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.06											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: FIFTH AVENUE HEALTH CARE Prvdr ID: 00140984A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 29.82% Nurse Hours per On-Site Day/Quality Incentive: 3.03				Add-on Percent: 0.00% 1.0% 3.0%				Base Period Overall CMI: 1.7909 Quarterly Medicaid CMI: 1.6108 Qtrly Mcaid CMI w RUG Wght Options: 1.6390		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,044,298	\$3,224,925	\$0	\$572,551	\$750,171	\$0	\$940,930		\$555,721	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$139,390)	\$24	\$0	\$0	\$2,776	\$2,004	(\$128,473)		(\$15,721)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$155,807					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,821			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,076,536	\$3,224,949	\$0	\$572,551	\$752,947	\$2,004	\$812,457	\$155,807	\$540,000	\$15,821			
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,771												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,771					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.31	\$130.19	\$0.00	\$23.11	\$30.48	(with L&H)	\$32.80	\$6.29	\$21.80	\$0.64			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7909											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.70											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.70	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	\$21.80	\$0.64			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.56	\$72.70	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	11.54 (FRV)	\$0.64			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.56	\$72.70	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6390											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.16											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.02	\$119.16	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57											
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	\$23.39	\$5.29	\$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	\$247.41	\$124.45	\$0.00	\$23.33	\$30.89	\$0.00	\$50.27	\$6.29	\$11.54	\$0.64			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.73												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH - FITZGERALD		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140995A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5804	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.69%	1.0%	Quarterly Medicaid CMI:				1.8330	1.5932
							2.62	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8697	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,832,856	\$2,571,613	\$0	\$377,959	\$635,141	\$0	\$1,038,051		\$210,092	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$364,340)	(\$105,060)	\$0	\$0	\$0	\$1,040	(\$235,242)		(\$25,078)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$337,481				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,078		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,831,075	\$2,466,553	\$0	\$377,959	\$635,141	\$1,040	\$802,809	\$337,481	\$185,014	\$25,078		
8	Total Nursing Facility Days	As Filed Days = 22,670 FY21 Audited C/R Days	22,670											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,670 FY21 GL-PL Ins Rpt Days								22,670				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.10	\$108.80	\$0.00	\$16.67	\$28.06	(with L&H)	\$35.41	\$14.89	\$8.16	\$1.11		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5804										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.84										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.84	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	\$8.16	\$1.11		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.22	\$68.84	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	12.24 (FRV)	\$1.11		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.22	\$68.84	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8697										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.71										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.09	\$128.71	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.15	\$5.15										
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	\$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	\$262.16	\$135.68	\$0.00	\$16.89	\$28.47	\$0.00	\$52.88	\$14.89	\$12.24	\$1.11		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.80											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: FOLKSTON PARK CARE AND REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141006A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.4198	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	33.33%	Quarterly Medicaid CMI:				1.6255	1.5932	
					2.64	Qtrly Mcaid CMI w RUG Wght Options:				1.6565	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,838,739	\$2,905,162	\$0	\$414,523	\$411,877	\$0	\$724,920		\$382,257	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,488)	(\$922)	\$0	(\$2,386)	(\$1,601)	\$3,325	(\$72,051)		(\$25,853)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,877		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,753
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,820,881	\$2,904,240	\$0	\$412,137	\$410,276	\$3,325	\$652,869	\$55,877	\$356,404	\$25,753
8	Total Nursing Facility Days As Filed Days = 27,366	FY21 Audited C/R Days	27,366									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,366	FY21 GL-PL Ins Rpt Days								27,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.16	\$106.13	\$0.00	\$15.06	\$15.11	(with L&H)	\$23.86	\$2.04	\$13.02	\$0.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4198								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.75	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	\$13.02	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.93	\$74.75	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	9.17 (FRV)	\$0.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.93	\$74.75	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6565								
18	Qtrly Routine Srvc 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	\$190.00	\$123.82	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$24.21	\$6.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.21	\$129.93	\$0.00	\$15.28	\$15.52	\$0.00	\$41.33	\$2.04	\$9.17	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH - FORSYTH Prvdr ID: 00141017A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 17.78% Nurse Hours per On-Site Day/Quality Incentive: 2.99				0.00%	0.0%	Base Period Overall CMI: 1.4762 Quarterly Medicaid CMI: 1.3802 Qtrly Mcaid CMI w RUG Wght Options: 1.4032				1.4762	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,169,233	\$2,273,036	\$0	\$331,959	\$509,569	\$0	\$861,365		\$193,304	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$378,059)	(\$68,537)	\$0	\$1,588	(\$1,269)	(\$1,085)	(\$279,357)		(\$29,399)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$309,354			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,140	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,119,668	\$2,204,499	\$0	\$333,547	\$508,300	(\$1,085)	\$582,008	\$309,354	\$163,905	\$19,140	
8	Total Nursing Facility Days	As Filed Days = 17,576 FY21 Audited C/R Days		17,576									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,576 FY21 GL-PL Ins Rpt Days								17,576			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.40	\$125.43	\$0.00	\$18.98	\$28.86	(with L&H)	\$33.11	\$17.60	\$9.33	\$1.09	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4762									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.97									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.97	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	\$9.33	\$1.09	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.84	\$84.97	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	9.23 (FRV)	\$1.09	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.84	\$84.97	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4032									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.10	\$119.23	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.59	\$6.49	\$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	\$252.69	\$125.72	\$0.00	\$19.20	\$29.27	\$0.00	\$50.58	\$17.60	\$9.23	\$1.09	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.69										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
				a	b	c	d	e	f	g	g	h	i		
Provider: FORT VALLEY HEALTH AND REHAB Prvdr ID: 00141028A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.56% Nurse Hours per On-Site Day/Quality Incentive: 3.74			Facility Score Add-on Percent: 0.00% 2.5% 2.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.8498 Quarterly Medicaid CMI: 1.8078 Qtrly Mcaid CMI w RUG Wght Options: 1.8427			Facility Specific 1.8498 1.8078 1.8427		State-wide 1.5751 1.5932 1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,142,395	\$1,705,446	\$0	\$332,714	\$360,456	\$0	\$1,085,380		\$658,399	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,711)	(\$11,070)	\$0	\$0	\$0	\$0	(\$43,878)		(\$44,763)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$36,153					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,763			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,123,600	\$1,694,376	\$0	\$332,714	\$360,456	\$0	\$1,041,502	\$36,153	\$613,636	\$44,763			
8	Total Nursing Facility Days	As Filed Days = 18,587 FY21 Audited C/R Days	18,587												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,587 FY21 GL-PL Ins Rpt Days								18,587					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.85	\$91.16	\$0.00	\$17.90	\$19.39	(with L&H)	\$56.03	\$1.95	\$33.01	\$2.41			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8498											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$17.90	\$19.39		\$56.03	\$1.95	\$33.01	\$2.41			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.71	\$49.28	\$0.00	\$17.90	\$19.39		\$36.91	\$1.95	9.87 (FRV)	\$2.41			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.71	\$49.28	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8427											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.81											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.24	\$90.81	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.82	\$1.82											
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	\$22.35	\$4.62	\$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	\$201.59	\$95.43	\$0.00	\$18.12	\$19.80	\$0.00	\$54.01	\$1.95	\$9.87	\$2.41			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.37												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: PRUITTHEALTH - FRANKLIN Prvdr ID: 00141039A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 18.87% Nurse Hours per On-Site Day/Quality Incentive: 3.96				Add-on Percent: 0.00% 0.0% 5.0%				Base Period Overall CMI: 1.3832 Quarterly Medicaid CMI: 1.6210 Qtrly Mcaid CMI w RUG Wght Options: 1.6511		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,598,729	\$2,512,963	\$0	\$386,052	\$467,195	\$0	\$959,198		\$273,321	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$413,210)	(\$78,686)	\$0	(\$141)	(\$1,645)	(\$2,125)	(\$308,243)		(\$22,370)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$336,460					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,292			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,271	\$2,434,277	\$0	\$385,911	\$465,550	(\$2,125)	\$650,955	\$336,460	\$250,951	\$17,292			
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,332												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,332					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.26	\$109.00	\$0.00	\$17.28	\$20.75	(with L&H)	\$29.15	\$15.07	\$11.24	\$0.77			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3832											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.80											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.80	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	\$11.24	\$0.77			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.95	\$78.80	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	11.13 <i>(FRV)</i>	\$0.77			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.95	\$78.80	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6511											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.11											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.26	\$130.11	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.51	\$6.51											
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	\$25.14	\$7.04	\$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	\$249.40	\$137.15	\$0.00	\$17.50	\$21.16	\$0.00	\$46.62	\$15.07	\$11.13	\$0.77			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.23												

MONTH: 7/1/2023
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FISCAL YEAR ENDING JUNE 30, 2021

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							
MEDICAID DAYS (2021)	7494		7,494	0							
Descriptions	Total SNF	Total ICF	Routine Srvc SNF	Routine Srvc ICF	Special Services	Dietary	Laundry/ Housekprng	Operations/ Maintenance	Admin/ General	Prop. Related	Tax/ Ins
REP HST COST	\$ 17,148,861		\$ 13,193,037		\$ 1,354,580	\$ 118,912	\$ 397,469	\$ 516,092	\$ 1,483,624	\$ 82,285	\$ 2,862
HIST COST ADJ											
1399	\$ (1,354,580)	\$ -			\$ (1,354,580)						
1199	\$ 1,354,580	\$ -	\$ 1,354,580								
1299		\$ -									
1699	\$ (516,092)	\$ -						\$ (516,092)			
1599	\$ 516,092	\$ -					\$ 516,092				
1899	\$ -	\$ -									
1999	\$ -	\$ -									
1100	\$ -	\$ -									
1200	\$ -	\$ -									
1400	\$ -	\$ -									
1500	\$ -	\$ -									
1700	\$ -	\$ -									
1800	\$ -	\$ -									
1898	\$ -	\$ -								\$ -	
TOTAL HIST ADJ	\$ -	\$ -	\$ 1,354,580	\$ -	\$ (1,354,580)	\$ -	\$ 516,092	\$ (516,092)	\$ -	\$ -	\$ -
NET HST COST	\$ 17,148,861	\$ -	\$ 14,547,617	\$ -	\$ -	\$ 118,912	\$ 913,561	\$ -	\$ 1,483,624	\$ 82,285	\$ 2,862
PROJ COST ADJ										\$ -	
2800	\$ -	\$ -									
2000	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
TOTAL PROJ ADJS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	
TOTAL HST/PROJ	\$ 17,148,861	\$ -	\$ 14,547,617	\$ -	\$ -	\$ 118,912	\$ 913,561	\$ 1,483,624	\$ 82,285	\$ 82,285	\$ 2,862
REP PAT DAYS (2021)	7,494	-	7,494	-	-	7,494	7,494	7,494	7,494	7,494	7,494
PAT DAY ADJS	-	-	-	-	-	-	-	-	-	-	-
ADJ PAT DAYS	7,494	-	7,494	-	-	7,494	7,494	-	7,494	7,494	7,494
NET PER DIEM		\$ -	\$ 1,941.24	\$ -	\$ -	\$ 15.87	\$ 121.91		\$ 197.97	\$ 10.98	\$ 0.38
STAND PER DIEM	\$ 2,288.35	\$ -	\$ 1,941.24	\$ -	\$ -	\$ 15.87	\$ 121.91		\$ 197.97	\$ 10.98	\$ 0.38
COMP ADD	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
ALLOW PER DIEM	\$ 2,288.35	\$ -	\$ 1,941.24	\$ -	\$ -	\$ 15.87	\$ 121.91		\$ 197.97	\$ 10.98	\$ 0.38
GTH 0.00%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
INCEN PER DIEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
TOTAL PER DIEM	\$ 2,288.35	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: NEW HORIZONS LANIER PARK Prvdr ID: 00141072A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 20.48% Nurse Hours per On-Site Day/Quality Incentive: 3.60				Add-on Percent: 0.00% 1.0% 3.0%				Base Period Overall CMI: 1.3226 Quarterly Medicaid CMI: 1.2108 Qtrly Mcaid CMI w RUG Wght Options: 1.2269		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,712,389	\$5,630,388	\$0	\$1,619,315	\$706,078	\$1,152,033	\$2,097,757		\$1,506,818	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$158,521)	\$2,283	\$0	\$0	(\$2,283)	\$0	(\$132,778)		(\$25,743)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$79,984					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,743			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,659,595	\$5,632,671	\$0	\$1,619,315	\$703,795	\$1,152,033	\$1,964,979	\$79,984	\$1,481,075	\$25,743			
8	Total Nursing Facility Days	FY21 Audited C/R Days	36,236												
	As Filed Days = 36,236														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,236					
	As Filed Days = 36,236														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$349.37	\$155.44	\$0.00	\$44.69	\$51.22	(with L&H)	\$54.23	\$2.21	\$40.87	\$0.71			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3226											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$117.52											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.52	\$0.00	\$44.69	\$51.22		\$54.23	\$2.21	\$40.87	\$0.71			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$231.28	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$2.21	21.22 (FRV)	\$0.71			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$231.28	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2269											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.47											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.93	\$122.47	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$21.99	\$4.89	\$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	\$275.92	\$127.36	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.21	\$21.22	\$0.71			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.12												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: DOUGLASVILLE NURSING AND REHABILITATION CENTER Prvdr ID: 00141083A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													N/A	44.63%	3.49	1.6343	1.6392	1.6697	1.5751	1.5932	1.6218		
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,805,411	\$9,437,945	\$0	\$1,223,959	\$1,297,180	\$0	\$2,080,778		\$765,549	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,171)	\$8,058	\$0	(\$2,045)	(\$8,252)	(\$1,961)	(\$166,441)		(\$137,530)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$162,391													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$130,225											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,789,856	\$9,446,003	\$0	\$1,221,914	\$1,288,928	(\$1,961)	\$1,914,337	\$162,391	\$628,019	\$130,225											
8	Total Nursing Facility Days	As Filed Days = 70,776 FY21 Audited C/R Days	70,776																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 70,776 FY21 GL-PL Ins Rpt Days								70,776													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.95	\$133.46	\$0.00	\$17.26	\$18.18	<i>(with L&H)</i>	\$27.05	\$2.29	\$8.87	\$1.84											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6343																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.66																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.66	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	\$8.87	\$1.84											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.98	\$81.66	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	13.70 <i>(FRV)</i>	\$1.84											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.98	\$81.66	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6697																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.35																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.67	\$136.35	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.41	\$3.41																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.09	\$4.09																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.13	\$8.03	\$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	\$242.80	\$144.38	\$0.00	\$17.48	\$18.59	\$0.00	\$44.52	\$2.29	\$13.70	\$1.84											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.28																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GIBSON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141116A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5589	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.85%	1.0%	Quarterly Medicaid CMI:			1.3392	1.5932
							2.99	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3598	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,857,963	\$2,599,627	\$0	\$474,932	\$486,778	\$0	\$868,437		\$428,189	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$177,617)	(\$2,841)	\$0	(\$641)	\$1,766	\$1,358	(\$141,623)		(\$35,636)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,399			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,907	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,825,652	\$2,596,786	\$0	\$474,291	\$488,544	\$1,358	\$726,814	\$109,399	\$392,553	\$35,907	
8	Total Nursing Facility Days As Filed Days = 22,439	FY21 Audited C/R Days	22,623										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,439	FY21 GL-PL Ins Rpt Days								22,623			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.32	\$114.79	\$0.00	\$20.96	\$21.66	(with L&H)	\$32.13	\$4.84	\$17.35	\$1.59	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5589									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.64	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	\$17.35	\$1.59	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.80	\$73.64	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	10.98 (FRV)	\$1.59	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.80	\$73.64	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3598									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.30	\$100.14	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01									
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	\$24.64	\$6.54	\$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	\$216.94	\$106.68	\$0.00	\$21.18	\$22.07	\$0.00	\$49.60	\$4.84	\$10.98	\$1.59	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.88										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141127A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9763	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.86%	0.0%	Quarterly Medicaid CMI:			1.9301	1.5932
							3.11	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9679	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,438,715	\$3,393,185	\$0	\$567,507	\$716,689	\$0	\$1,599,507		\$161,827	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$194,832)	\$0	\$0	\$0	(\$3,063)	(\$18,575)	(\$79,166)		(\$94,028)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$79,166			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,837	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,415,886	\$3,393,185	\$0	\$567,507	\$713,626	(\$18,575)	\$1,520,341	\$79,166	\$67,799	\$92,837	
8	Total Nursing Facility Days	As Filed Days = 32,051 FY21 Audited C/R Days	32,051										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,051 FY21 GL-PL Ins Rpt Days								32,051			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.20	\$105.87	\$0.00	\$17.71	\$21.69	(with L&H)	\$47.44	\$2.47	\$2.12	\$2.90	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9763									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.57									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.57	\$0.00	\$17.71	\$21.69		\$47.44	\$2.47	\$2.12	\$2.90	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.17	\$53.57	\$0.00	\$17.71	\$21.69		\$36.91	\$2.47	19.92 (FRV)	\$2.90	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.17	\$53.57	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9679									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.02	\$105.42	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90	
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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$22.48	\$4.75	\$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	\$229.50	\$110.17	\$0.00	\$17.93	\$22.10	\$0.00	\$54.01	\$2.47	\$19.92	\$2.90	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.30										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: COMFORT CREEK NURSING AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141138A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5027	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.56%	2.5%	Quarterly Medicaid CMI:			1.6564	1.5932
							2.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6881	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,032,177	\$2,677,046	\$0	\$405,477	\$472,929	\$0	\$731,285		\$745,440	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$116,246)	\$0	\$0	\$0	(\$1,541)	(\$1,056)	(\$91,097)		(\$22,552)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$73,086			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,428	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,011,445	\$2,677,046	\$0	\$405,477	\$471,388	(\$1,056)	\$640,188	\$73,086	\$722,888	\$22,428	
8	Total Nursing Facility Days	FY21 Audited C/R Days	29,778										
	As Filed Days = 29,778												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								29,778			
	As Filed Days = 29,778												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.29	\$89.90	\$0.00	\$13.62	\$15.79	(with L&H)	\$21.50	\$2.45	\$24.28	\$0.75	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5027									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.83	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	\$24.28	\$0.75	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.49	\$59.83	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	9.55 (FRV)	\$0.75	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.49	\$59.83	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6881									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.66	\$101.00	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.19	\$6.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.85	\$107.09	\$0.00	\$13.84	\$16.20	\$0.00	\$38.97	\$2.45	\$9.55	\$0.75	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.81										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: GLENN-MOR NURSING HOME Prvdr ID: 00141149A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.2987	1.5751
							24.59%	1.0%					1.1988	1.5932
							3.28	3.0%					1.2171	1.6218
BASE PERIOD PER DIEM ALLOWED AMOUNTS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,934,848	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	\$1,231,424		\$627,084	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$36,477)	\$0	\$0	\$0	\$0	\$0	(\$28,900)		(\$7,577)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,900				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,577		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,934,848	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	\$1,202,524	\$28,900	\$619,507	\$7,577		
8	Total Nursing Facility Days	FY21 Audited C/R Days	19,782											
	As Filed Days = 19,782													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,782				
	As Filed Days = 19,782													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$300.01	\$134.47	\$0.00	\$29.86	\$41.73	(with L&H)	\$60.79	\$1.46	\$31.32	\$0.38		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2987										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.54										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.54	\$0.00	\$29.86	\$41.73		\$60.79	\$1.46	\$31.32	\$0.38		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.05	\$99.82	\$0.00	\$29.86	\$33.28		\$36.91	\$1.46	10.34 (FRV)	\$0.38		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.05	\$99.82	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2171										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.49										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.72	\$121.49	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64										
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	\$22.17	\$4.85	\$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	\$255.89	\$126.34	\$0.00	\$30.08	\$33.28	\$0.00	\$54.01	\$1.46	\$10.34	\$0.38		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.09											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: GLENVUE HEALTH AND REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141171A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.6106	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	20.78%	Quarterly Medicaid CMI:				1.5496	1.5932	
					2.81	Qtrly Mcaid CMI w RUG Wght Options:				1.5791	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,037,880	\$3,925,428	\$0	\$753,985	\$708,663	\$0	\$1,219,205		\$1,430,599	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$305,313)	(\$26,848)	\$0	\$0	\$0	\$0	(\$194,565)		(\$83,900)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$221,413		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$83,900
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,037,880	\$3,898,580	\$0	\$753,985	\$708,663	\$0	\$1,024,640	\$221,413	\$1,346,699	\$83,900
8	Total Nursing Facility Days	As Filed Days = 37,057 FY21 Audited C/R Days	37,057									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,057 FY21 GL-PL Ins Rpt Days								37,057		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$216.89	\$105.20	\$0.00	\$20.35	\$19.12	(with L&H)	\$27.65	\$5.97	\$36.34	\$2.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6106								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	\$36.34	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.60	\$65.32	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	9.93 (FRV)	\$2.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.60	\$65.32	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5791								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.43	\$103.15	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.75	\$4.65	\$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	\$211.18	\$107.80	\$0.00	\$20.57	\$19.53	\$0.00	\$45.12	\$5.97	\$9.93	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: GRACEMORE NURSING AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141182A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5695	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	46.67%	5.5%	Quarterly Medicaid CMI:				1.3872	1.5932
							3.95	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4120	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,201,032	\$1,812,694	\$0	\$394,635	\$412,961	\$0	\$515,840		\$64,902	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,132)	\$0	\$0	\$0	\$0	\$0	(\$51,858)		(\$23,274)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$51,253				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,274		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,200,427	\$1,812,694	\$0	\$394,635	\$412,961	\$0	\$463,982	\$51,253	\$41,628	\$23,274		
8	Total Nursing Facility Days	As Filed Days = 11,573 FY21 Audited C/R Days	11,573											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,573 FY21 GL-PL Ins Rpt Days								11,573				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.54	\$156.63	\$0.00	\$34.10	\$35.68	(with L&H)	\$40.09	\$4.43	\$3.60	\$2.01		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5695										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.80										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.80	\$0.00	\$34.10	\$35.68		\$40.09	\$4.43	\$3.60	\$2.01		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.57	\$99.80	\$0.00	\$26.82	\$33.28		\$36.91	\$4.43	8.32 (FRV)	\$2.01		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.57	\$99.80	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4120										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.92										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.69	\$140.92	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$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)	\$0.01	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.75	\$7.75										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.05	\$7.05										
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	\$31.91	\$14.81	\$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	\$284.60	\$155.73	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.43	\$8.32	\$2.01		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.63											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - GRANDVIEW Prvdr ID: 00141215A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 13.56% Nurse Hours per On-Site Day/Quality Incentive: 2.79				N/A	0.00%	Base Period Overall CMI: 1.6208 Quarterly Medicaid CMI: 1.6333 Qtrly Mcaid CMI w RUG Wght Options: 1.6641				1.6208	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,254,657	\$2,952,020	\$0	\$434,245	\$551,216	\$0	\$1,009,079		\$308,097	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$438,626)	(\$25,884)	\$0	\$0	(\$1,073)	\$722	(\$327,858)		(\$84,533)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$309,461			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,760	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,219,252	\$2,926,136	\$0	\$434,245	\$550,143	\$722	\$681,221	\$309,461	\$223,564	\$93,760	
8	Total Nursing Facility Days	FY21 Audited C/R Days	20,768	20,768									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,768			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.30	\$140.90	\$0.00	\$20.91	\$26.52	(with L&H)	\$32.80	\$14.90	\$10.76	\$4.51	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6208									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.93									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.93	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	\$10.76	\$4.51	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.13	\$86.93	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	11.56 (FRV)	\$4.51	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.13	\$86.93	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6641									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.86	\$144.66	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51	
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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.23	\$7.23									
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	\$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	\$281.72	\$152.42	\$0.00	\$21.13	\$26.93	\$0.00	\$50.27	\$14.90	\$11.56	\$4.51	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.47										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GRANDVIEW HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141226A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8139	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	13.64%	0.0%	Quarterly Medicaid CMI:			1.9947	1.5932
							2.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0340	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,521,942	\$2,077,995	\$0	\$426,984	\$306,371	\$0	\$857,870		\$852,722	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$250,988)	(\$46,341)	\$0	\$0	\$0	\$0	(\$151,978)		(\$52,669)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$94,211			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$149,325	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,514,490	\$2,031,654	\$0	\$426,984	\$306,371	\$0	\$705,892	\$94,211	\$800,053	\$149,325	
8	Total Nursing Facility Days	As Filed Days = 19,328 FY21 Audited C/R Days	19,328										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,328 FY21 GL-PL Ins Rpt Days								19,328			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.56	\$105.11	\$0.00	\$22.09	\$15.85	(with L&H)	\$36.52	\$4.87	\$41.39	\$7.73	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8139									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.95									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.95	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	\$41.39	\$7.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.03	\$57.95	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	12.02 (FRV)	\$7.73	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.03	\$57.95	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0340									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.95	\$117.87	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54									
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	\$22.09	\$4.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.04	\$121.94	\$0.00	\$22.31	\$16.26	\$0.00	\$53.91	\$4.87	\$12.02	\$7.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.46										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AZALEALAND NURSING HOME Prvdr ID: 00141237A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6306	1.5751	
				Qtrly BIMS score	68.42%	5.5%	Quarterly Medicaid CMI:			1.7747	1.5932	
				Nurse Hours per On-Site Day/Quality Incentive:	3.34	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8103	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,155,510		\$847,816	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$200,925)	\$0	\$0	\$0	\$0	\$0	(\$104,445)		(\$96,480)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,445		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$96,480
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,051,065	\$104,445	\$751,336	\$96,480
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,829									
	As Filed Days = 24,829											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,829		
	As Filed Days = 24,829											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.03	\$136.27	\$0.00	\$34.26	\$21.81	(with L&H)	\$42.33	\$4.21	\$30.26	\$3.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6306								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.57	\$0.00	\$34.26	\$21.81		\$42.33	\$4.21	\$30.26	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.86	\$83.57	\$0.00	\$26.82	\$21.81		\$36.91	\$4.21	17.65 (FRV)	\$3.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.86	\$83.57	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8103								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.58	\$151.29	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.32	\$8.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$30.90	\$13.39	\$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	\$293.48	\$164.68	\$0.00	\$26.82	\$22.22	\$0.00	\$54.01	\$4.21	\$17.65	\$3.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: ROSWELL NURSING & REHAB CENTER Prvdr ID: 00141248A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Facility Score	State-wide											
													N/A	31.06%	0.00%	1.7232	1.5409	1.5751	3.25	31.06%	2.5%	2.0%	1.5676	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS																									
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes																
Peer Group Standards & Efficiency Measure Limits																									
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
Base Period Per Diem Allowed Amounts																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$15,974,874	\$8,604,791	\$0	\$1,270,308	\$1,240,686	\$0	\$2,517,876		\$2,341,213	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$222,941)	(\$66,917)	\$0	\$0	\$0	\$0	\$39,541		(\$195,565)														
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$27,376															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$195,565													
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$15,974,874	\$8,537,874	\$0	\$1,270,308	\$1,240,686	\$0	\$2,557,417	\$27,376	\$2,145,648	\$195,565													
8	Total Nursing Facility Days	FY21 Audited C/R Days	65,953																						
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								65,953															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.22	\$129.45	\$0.00	\$19.26	\$18.81	(with L&H)	\$38.78	\$0.42	\$32.53	\$2.97													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7232																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$19.26	\$18.81		\$38.78	\$0.42	\$32.53	\$2.97													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.71	\$75.12	\$0.00	\$19.26	\$18.81		\$36.91	\$0.42	10.22 (FRV)	\$2.97													
Quarterly Per Diem Rate Prior to Add-ons																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.71	\$75.12	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5676																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.76																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.35	\$117.76	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97													
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.83	\$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	\$229.91	\$123.59	\$0.00	\$19.48	\$19.22	\$0.00	\$54.01	\$0.42	\$10.22	\$2.97													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.61																						

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.5386	1.5751			
Provider: PREMIER ESTATES OF DUBLIN, LLC Prvdr ID: 00141281A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 20.97% Nurse Hours per On-Site Day/Quality Incentive: no data			Add-on Percent: 0.00% 1.0% 0.0%			Base Period Overall CMI: 1.5386 Quarterly Medicaid CMI: 1.4902 Qtrly Mcaid CMI w RUG Wght Options: 1.5162			1.5386	1.5751
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,234,389	\$2,880,516	\$0	\$614,525	\$528,902	\$0	\$1,074,836		\$1,135,610	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$272,945)	(\$14,796)	\$0	\$0	\$0	\$0	(\$232,851)		(\$25,298)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$198,863													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,038											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,187,345	\$2,865,720	\$0	\$614,525	\$528,902	\$0	\$841,985	\$198,863	\$1,110,312	\$27,038											
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,950																				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,950													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.72	\$98.99	\$0.00	\$21.23	\$18.27	(with L&H)	\$29.08	\$6.87	\$38.35	\$0.93											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5386																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.34																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.34	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	\$38.35	\$0.93											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.52	\$64.34	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	8.80 (FRV)	\$0.93											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.52	\$64.34	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5162																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.55																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.73	\$97.55	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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	\$19.61	\$1.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.34	\$99.06	\$0.00	\$21.45	\$18.68	\$0.00	\$46.55	\$6.87	\$8.80	\$0.93											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.93																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: HABERSHAM HOME Prvdr ID: 00141292A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 45.10% Nurse Hours per On-Site Day/Quality Incentive: 3.50				Add-on Percent: 0.00% 5.5% 3.0%				Base Period Overall CMI: 1.3136 Quarterly Medicaid CMI: 1.0358 Qtrly Mcaid CMI w RUG Wght Options: 1.0445		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,474,464	\$2,921,139	\$0	\$1,066,995	\$649,165	\$234,472	\$1,137,544		\$465,149	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$65,507)	\$0	\$0	\$0	(\$41,648)	\$0	(\$59,284)		\$35,425				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,284					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,136			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,480,377	\$2,921,139	\$0	\$1,066,995	\$607,517	\$234,472	\$1,078,260	\$59,284	\$500,574	\$12,136			
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,951												
	As Filed Days = 22,956														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,951					
	As Filed Days = 22,956														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.36	\$127.28	\$0.00	\$46.49	\$36.69	(with L&H)	\$46.98	\$2.58	\$21.81	\$0.53			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3136											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.89											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.89	\$0.00	\$46.49	\$36.69		\$46.98	\$2.58	\$21.81	\$0.53			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.41	\$96.89	\$0.00	\$37.13	\$33.28		\$36.91	\$2.58	10.09	\$0.53			
											(FRV)				
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.41	\$96.89	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0445											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.20											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.72	\$101.20	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$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)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.57	\$5.57											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04											
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	\$26.24	\$9.14	\$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	\$247.96	\$110.34	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.58	\$10.09	\$0.53			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.15												

Quarterly Case Mix Based Per Diem Rate Calculations
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Provider: WARNER ROBINS REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141303A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5802	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.96%	2.5%	Quarterly Medicaid CMI:			1.5808	1.5932
							3.20	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6102	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,336,438	\$3,154,181	\$0	\$515,942	\$570,813	\$0	\$1,350,391		\$745,111	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$379,562)	(\$19,394)	\$0	\$0	\$0	\$0	(\$251,852)		(\$108,316)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$268,835			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$108,316	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,334,027	\$3,134,787	\$0	\$515,942	\$570,813	\$0	\$1,098,539	\$268,835	\$636,795	\$108,316	
8	Total Nursing Facility Days	FY21 Audited C/R Days	35,381										
	As Filed Days = 35,381												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								35,381			
	As Filed Days = 35,381												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.02	\$88.60	\$0.00	\$14.58	\$16.13	(with L&H)	\$31.05	\$7.60	\$18.00	\$3.06	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5802									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	\$18.00	\$3.06	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.53	\$56.07	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	13.04 (FRV)	\$3.06	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.53	\$56.07	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6102									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.74	\$90.28	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06	
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$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	\$200.24	\$96.68	\$0.00	\$14.80	\$16.54	\$0.00	\$48.52	\$7.60	\$13.04	\$3.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.36										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: HARALSON NSG & REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141325A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7080	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.25%	2.5%	Quarterly Medicaid CMI:			1.4422	1.5932
							3.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4665	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,103,239	\$3,545,933	\$0	\$668,035	\$582,522	\$0	\$1,325,035		\$981,714	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$54,162)	\$0	\$0	(\$12,148)	(\$6,105)	\$6,684	(\$12,258)		(\$30,335)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,258			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,748	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,091,083	\$3,545,933	\$0	\$655,887	\$576,417	\$6,684	\$1,312,777	\$12,258	\$951,379	\$29,748	
8	Total Nursing Facility Days	As Filed Days = 35,692 FY21 Audited C/R Days	35,692										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,692 FY21 GL-PL Ins Rpt Days								35,692			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.68	\$99.35	\$0.00	\$18.38	\$16.34	(with L&H)	\$36.78	\$0.34	\$26.66	\$0.83	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7080									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.17	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	\$26.66	\$0.83	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.30	\$58.17	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	9.46 (FRV)	\$0.83	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.30	\$58.17	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$0.83	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4665									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.44	\$85.31	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$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)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$5.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.49	\$90.53	\$0.00	\$18.60	\$16.75	\$0.00	\$53.98	\$0.34	\$9.46	\$0.83	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.04										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: NANCY HART CENTER FOR NURSING AND HEALING LLC														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5870	1.5751	
Prvdr ID: 00141336A														Qtrly BIMS score	25.53%	1.0%	Quarterly Medicaid CMI:	1.6291	1.5932	
Case Mix Per Diem Rate Effective Date: 4/1/2024														Nurse Hours per On-Site Day/Quality Incentive:	0.00	0.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6592	1.6218	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,907,829	\$1,392,816	\$0	\$302,899	\$265,236	\$0	\$771,981		\$174,897	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$88,650)	(\$3,775)	\$0	\$0	\$0	\$0	(\$61,967)		(\$22,908)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,967										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,908								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,904,054	\$1,389,041	\$0	\$302,899	\$265,236	\$0	\$710,014	\$61,967	\$151,989	\$22,908								
8	Total Nursing Facility Days	As Filed Days = 15,358																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,358																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.08	\$90.44	\$0.00	\$19.72	\$17.27	(with L&H)	\$46.23	\$4.03	\$9.90	\$1.49								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5870																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.99																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.99	\$0.00	\$19.72	\$17.27		\$46.23	\$4.03	\$9.90	\$1.49								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.90	\$56.99	\$0.00	\$19.72	\$17.27		\$36.91	\$4.03	8.49 (FRV)	\$1.49								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.90	\$56.99	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6592																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.56																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.47	\$94.56	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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	\$19.21	\$1.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.68	\$96.04	\$0.00	\$19.94	\$17.68	\$0.00	\$54.01	\$4.03	\$8.49	\$1.49								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.44																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: HEART OF GEORGIA NURSING HOME Prvdr ID: 00141358A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													N/A	35.38%	3.30	1.8028	1.4032	1.4269	1.5751	1.5932	1.6218		
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$905,326		\$1,951,022	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$108,812)	\$0	\$0	\$0	\$0	\$0	(\$66,626)		(\$42,186)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$66,626													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,186											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$838,700	\$66,626	\$1,908,836	\$42,186											
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,916																				
	As Filed Days = 28,916																						
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,916													
	As Filed Days = 28,916																						
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$246.86	\$113.90	\$0.00	\$18.96	\$15.23	<i>(with L&H)</i>	\$29.00	\$2.30	\$66.01	\$1.46											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8028																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.18																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.18	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	\$66.01	\$1.46											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.27	\$63.18	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	13.14 <i>(FRV)</i>	\$1.46											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.27	\$63.18	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4269																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.15																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.24	\$90.15	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46											
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	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	\$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	\$196.53	\$98.34	\$0.00	\$19.18	\$15.64	\$0.00	\$46.47	\$2.30	\$13.14	\$1.46											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.57																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH - VALDOSTA, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141369A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6931	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.15%	1.0%	Quarterly Medicaid CMI:			1.7228	1.5932
							3.60	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7549	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,026,206	\$2,431,674	\$0	\$383,270	\$719,562	\$0	\$1,131,782		\$359,918	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$505,962)	(\$45,999)	\$0	\$0	(\$597)	\$564	(\$411,063)		(\$48,867)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$425,444			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,919	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,991,607	\$2,385,675	\$0	\$383,270	\$718,965	\$564	\$720,719	\$425,444	\$311,051	\$45,919	
8	Total Nursing Facility Days	As Filed Days = 24,247 FY21 Audited C/R Days	24,247										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,247 FY21 GL-PL Ins Rpt Days								24,247			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.86	\$98.39	\$0.00	\$15.81	\$29.67	(with L&H)	\$29.72	\$17.55	\$12.83	\$1.89	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6931									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.11									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.11	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	\$12.83	\$1.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.03	\$58.11	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	11.28 (FRV)	\$1.89	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.03	\$58.11	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7549									
18	Qtrly Routine Srvc 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	\$207.90	\$101.98	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89	
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.75	\$6.65	\$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	\$232.65	\$108.63	\$0.00	\$16.03	\$30.08	\$0.00	\$47.19	\$17.55	\$11.28	\$1.89	
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 FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: PRUITTHEALTH - ATHENS HERITAGE														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6943	1.5751	
Prvdr ID: 00141391A														Qtrly BIMS score	21.43%	1.0%	Quarterly Medicaid CMI:	1.6686	1.5932	
Case Mix Per Diem Rate Effective Date: 4/1/2024														Nurse Hours per On-Site Day/Quality Incentive:	3.07	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6996	1.6218	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,638,029	\$4,036,911	\$0	\$536,642	\$981,533	\$0	\$1,480,734		\$602,209	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$596,814)	(\$124,782)	\$0	\$0	\$5,847	\$8,202	(\$351,953)		(\$134,128)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$447,689										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,702								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,503,606	\$3,912,129	\$0	\$536,642	\$987,380	\$8,202	\$1,128,781	\$447,689	\$468,081	\$14,702								
8	Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days	29,720																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days								29,720										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.47	\$131.63	\$0.00	\$18.06	\$33.50	(with L&H)	\$37.98	\$15.06	\$15.75	\$0.49								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6943																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.69																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.69	\$0.00	\$18.06	\$33.50		\$37.98	\$15.06	\$15.75	\$0.49								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.54	\$77.69	\$0.00	\$18.06	\$33.28		\$36.91	\$15.06	16.05 (FRV)	\$0.49								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.54	\$77.69	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6996																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.04																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.89	\$132.04	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00									
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.28	\$5.28																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$7.13	\$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	\$276.34	\$139.17	\$0.00	\$18.28	\$33.28	\$0.00	\$54.01	\$15.06	\$16.05	\$0.49								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.43																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF ST SIMONS REHAB & NURSING CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141402A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7258	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	27.27%	Quarterly Medicaid CMI:				1.6153	1.5932	
					3.84	Qtrly Mcaid CMI w RUG Wght Options:				1.6476	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,329,108	\$2,811,730	\$0	\$598,724	\$714,181	\$0	\$1,280,347		\$924,126	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$337,808)	\$0	\$0	\$0	\$0	\$0	(\$201,609)		(\$136,199)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$201,609		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$136,199
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,329,108	\$2,811,730	\$0	\$598,724	\$714,181	\$0	\$1,078,738	\$201,609	\$787,927	\$136,199
8	Total Nursing Facility Days As Filed Days = 24,040	FY21 Audited C/R Days	24,040									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,040	FY21 GL-PL Ins Rpt Days								24,040		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.29	\$116.96	\$0.00	\$24.91	\$29.71	(with L&H)	\$44.87	\$8.39	\$32.78	\$5.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7258								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.77	\$0.00	\$24.91	\$29.71		\$44.87	\$8.39	\$32.78	\$5.67
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.98	\$67.77	\$0.00	\$24.91	\$29.71		\$36.91	\$8.39	10.62 (FRV)	\$5.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.98	\$67.77	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6476								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.87	\$111.66	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.73	\$5.00	\$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	\$250.60	\$116.66	\$0.00	\$25.13	\$30.12	\$0.00	\$54.01	\$8.39	\$10.62	\$5.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARTWELL HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141413A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5036	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	30.36%	Quarterly Medicaid CMI:				1.2901	1.5932	
					3.11	Qtrly Mcaid CMI w RUG Wght Options:				1.3088	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,224,966	\$2,865,430	\$0	\$625,559	\$530,533	\$0	\$980,711		\$222,733	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,234)	(\$2,836)	\$0	(\$2,306)	\$0	(\$493)	(\$129,139)		(\$12,460)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,680		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,071
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,187,483	\$2,862,594	\$0	\$623,253	\$530,533	(\$493)	\$851,572	\$95,680	\$210,273	\$14,071
8	Total Nursing Facility Days	As Filed Days = 24,307 FY21 Audited C/R Days	24,307									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,307 FY21 GL-PL Ins Rpt Days								24,307		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.42	\$117.77	\$0.00	\$25.64	\$21.81	(with L&H)	\$35.03	\$3.94	\$8.65	\$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5036								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.32	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	\$8.65	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.22	\$78.32	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	9.90 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.22	\$78.32	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3088								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.41	\$102.51	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	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	\$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	\$226.75	\$111.75	\$0.00	\$25.86	\$22.22	\$0.00	\$52.50	\$3.94	\$9.90	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.24									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MONROE Prvdr ID: 00141468A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4033	1.5751		
				Qtrly BIMS score	30.00%	2.5%	Quarterly Medicaid CMI:			1.5504	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	3.19	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5782	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,173,158	\$2,939,686	\$0	\$388,472	\$628,273	\$0	\$980,410		\$236,317	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$394,537)	(\$42,972)	\$0	(\$1,140)	\$825	\$2,656	(\$334,089)		(\$19,817)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,730			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,031	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,156,382	\$2,896,714	\$0	\$387,332	\$629,098	\$2,656	\$646,321	\$356,730	\$216,500	\$21,031	
8	Total Nursing Facility Days	As Filed Days = 21,103 FY21 Audited C/R Days	21,103										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,103 FY21 GL-PL Ins Rpt Days								21,103			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.35	\$137.27	\$0.00	\$18.35	\$29.94	(with L&H)	\$30.63	\$16.90	\$10.26	\$1.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4033									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.82									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.82	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	\$10.26	\$1.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.57	\$97.82	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	9.93 (FRV)	\$1.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.57	\$97.82	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5782									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.13	\$154.38	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.86	\$3.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$28.67	\$10.57	\$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	\$289.80	\$164.95	\$0.00	\$18.57	\$30.35	\$0.00	\$48.10	\$16.90	\$9.93	\$1.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.53										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH - HOLLY HILL, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141479A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5532	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	18.42%	0.0%	Quarterly Medicaid CMI:			1.5363	1.5932
							3.52	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5637	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,632,972	\$3,083,775	\$0	\$448,225	\$616,584	\$0	\$1,122,584		\$361,804	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$473,900)	(\$27,115)	\$0	\$0	\$0	\$1,183	(\$418,617)		(\$29,351)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$437,230			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,351	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,625,653	\$3,056,660	\$0	\$448,225	\$616,584	\$1,183	\$703,967	\$437,230	\$332,453	\$29,351	
8	Total Nursing Facility Days	As Filed Days = 25,871 FY21 Audited C/R Days	25,871										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,871 FY21 GL-PL Ins Rpt Days								25,871			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.45	\$118.15	\$0.00	\$17.33	\$23.88	(with L&H)	\$27.21	\$16.90	\$12.85	\$1.13	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5532									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.07	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	\$12.85	\$1.13	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.56	\$76.07	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	10.04 (FRV)	\$1.13	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.56	\$76.07	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5637									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.44	\$118.95	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.95	\$5.95									
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	\$24.58	\$6.48	\$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	\$240.02	\$125.43	\$0.00	\$17.55	\$24.29	\$0.00	\$44.68	\$16.90	\$10.04	\$1.13	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.19										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: WYNFIELD PARK HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141512A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.4565	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	38.52%	Quarterly Medicaid CMI:				1.4394	1.5932	
					3.47	Qtrly Mcaid CMI w RUG Wght Options:				1.4632	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,520,545	\$5,531,947	\$0	\$1,168,214	\$1,161,943	\$0	\$1,807,633		\$850,808	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$253,688)	(\$5,514)	\$0	(\$1,349)	\$0	(\$1,628)	(\$213,976)		(\$31,221)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$194,935		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,221
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,493,013	\$5,526,433	\$0	\$1,166,865	\$1,161,943	(\$1,628)	\$1,593,657	\$194,935	\$819,587	\$31,221
8	Total Nursing Facility Days	As Filed Days = 47,251 FY21 Audited C/R Days	47,251									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,251 FY21 GL-PL Ins Rpt Days								47,251		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.09	\$116.96	\$0.00	\$24.70	\$24.56	(with L&H)	\$33.73	\$4.13	\$17.35	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4565								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.30	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	\$17.35	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.46	\$80.30	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	24.38 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.46	\$80.30	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4632								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.65	\$117.49	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$27.44	\$9.34	\$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	\$257.09	\$126.83	\$0.00	\$24.92	\$24.97	\$0.00	\$51.20	\$4.13	\$24.38	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.99									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.8325	1.5751
Provider: MACON REHABILITATION AND HEALTHCARE Prvdr ID: 00141523A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.8325	1.5751
Add-on Data and Percentages: Growth Allowance: N/A, Qtrly BIMS score: 25.40%, Nurse Hours per On-Site Day/Quality Incentive: 3.22													Case Mix Index (CMI) Data: Base Period Overall CMI: 1.8325, Quarterly Medicaid CMI: 1.8698, Qtrly Mcaid CMI w RUG Wght Options: 1.9058			Facility Specific: 1.8698	State-wide: 1.6218					
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,317,489	\$2,923,533	\$0	\$518,141	\$679,565	\$0	\$1,076,247		\$1,120,003	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$278,075)	\$0	\$0	\$0	\$670	\$650	(\$205,205)		(\$74,190)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$205,205												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,334										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,318,953	\$2,923,533	\$0	\$518,141	\$680,235	\$650	\$871,042	\$205,205	\$1,045,813	\$74,334										
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,746																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,746												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.34	\$118.14	\$0.00	\$20.94	\$27.51	(with L&H)	\$35.20	\$8.29	\$42.26	\$3.00										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8325																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.47																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.47	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	\$42.26	\$3.00										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.57	\$64.47	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	11.16 (FRV)	\$3.00										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.57	\$64.47	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9058																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.87																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.97	\$122.87	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69																		
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	\$23.55	\$5.45	\$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	\$252.52	\$128.32	\$0.00	\$21.16	\$27.92	\$0.00	\$52.67	\$8.29	\$11.16	\$3.00										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.57																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: FRIENDSHIP HEALTH AND REHAB Prvdr ID: 00141567A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 37.84% Nurse Hours per On-Site Day/Quality Incentive: 3.31				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall CMI: 1.7013 Quarterly Medicaid CMI: 1.7162 Qtrly Mcaid CMI w RUG Wght Options: 1.7483		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,075,180	\$2,811,029	\$0	\$507,404	\$620,401	\$0	\$769,086		\$367,260	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$153,208)	\$66	\$0	\$0	\$757	\$857	(\$147,604)		(\$7,284)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,503					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R											\$14,877		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,075,352	\$2,811,095	\$0	\$507,404	\$621,158	\$857	\$621,482	\$138,503	\$359,976	\$14,877			
8	Total Nursing Facility Days	As Filed Days = 18,694 FY21 Audited C/R Days	18,694												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,694 FY21 GL-PL Ins Rpt Days								18,694					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$271.49	\$150.37	\$0.00	\$27.14	\$33.27	(with L&H)	\$33.24	\$7.41	\$19.26	\$0.80			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7013											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.39											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.39	\$0.00	\$27.14	\$33.27		\$33.24	\$7.41	\$19.26	\$0.80			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.65	\$88.39	\$0.00	\$26.82	\$33.27		\$33.24	\$7.41	8.72 (FRV)	\$0.80			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.65	\$88.39	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7483											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.53											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.79	\$154.53	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$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)	\$0.91	\$0.53	\$0.00	\$0.00	\$0.01	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.86	\$3.86											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.64	\$4.64											
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	\$26.51	\$9.03	\$0.00	\$0.00	\$0.01	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$291.30	\$163.56	\$0.00	\$26.82	\$33.28	\$0.00	\$50.71	\$7.41	\$8.72	\$0.80			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.65												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MIONA GERIATRIC & DEMENTIA CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141578A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7144	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	52.05%	5.5%	Quarterly Medicaid CMI:			1.7204	1.5932
							3.54	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7521	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,076,229	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$692,626		\$119,938	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,580)	\$0	\$0	\$0	\$0	\$0	(\$61,474)		(\$38,106)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$65,298			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$38,106	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,080,053	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$631,152	\$65,298	\$81,832	\$38,106	
8	Total Nursing Facility Days	As Filed Days = 28,845 FY21 Audited C/R Days	28,845										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,845 FY21 GL-PL Ins Rpt Days								28,845			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.11	\$104.30	\$0.00	\$18.22	\$25.29	(with L&H)	\$21.88	\$2.26	\$2.84	\$1.32	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7144									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.84	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	\$2.84	\$1.32	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.72	\$60.84	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	11.91 (FRV)	\$1.32	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.72	\$60.84	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7521									
18	Qtrly Routine Srvc 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	\$187.48	\$106.60	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.86	\$5.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$29.82	\$11.72	\$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	\$217.30	\$118.32	\$0.00	\$18.44	\$25.70	\$0.00	\$39.35	\$2.26	\$11.91	\$1.32	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.15										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE PLACE AT DEANS BRIDGE		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141589A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.3500	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	47.69%	Quarterly Medicaid CMI:				1.2378	1.5932	
					3.85	Qtrly Mcaid CMI w RUG Wght Options:				1.2573	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,325,230	\$2,913,015	\$0	\$472,602	\$466,941	\$0	\$1,153,338		\$319,334	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$567,505)	\$0	\$0	\$0	(\$2,919)	(\$32,489)	(\$465,311)		(\$66,786)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$438,194		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$65,871
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,261,790	\$2,913,015	\$0	\$472,602	\$464,022	(\$32,489)	\$688,027	\$438,194	\$252,548	\$65,871
8	Total Nursing Facility Days As Filed Days = 24,384	FY21 Audited C/R Days	24,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,384	FY21 GL-PL Ins Rpt Days								24,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$215.79	\$119.46	\$0.00	\$19.38	\$17.70	(with L&H)	\$28.22	\$17.97	\$10.36	\$2.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3500								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.49	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	\$10.36	\$2.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.76	\$88.49	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	10.30 (FRV)	\$2.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.76	\$88.49	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2573								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.53	\$111.26	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.12	\$6.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.09	\$9.99	\$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	\$235.62	\$121.25	\$0.00	\$19.60	\$18.11	\$0.00	\$45.69	\$17.97	\$10.30	\$2.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: HARBORVIEW HEALTH SYSTEMS JESUP Prvdr ID: 00141611A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 17.14% Nurse Hours per On-Site Day/Quality Incentive: 3.22				0.00%	0.0%	Base Period Overall CMI: 1.5691 Quarterly Medicaid CMI: 1.8597 Qtrly Mcaid CMI w RUG Wght Options: 1.8948			1.5691	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,205,318	\$2,468,051	\$0	\$454,044	\$460,136	\$0	\$1,009,554		\$813,533	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$117,003)	\$28,153	\$0	(\$5,310)	\$0	\$5,048	(\$94,884)		(\$50,010)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,136		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,272
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,238,723	\$2,496,204	\$0	\$448,734	\$460,136	\$5,048	\$914,670	\$100,136	\$763,523	\$50,272
8	Total Nursing Facility Days	As Filed Days = 29,664 FY21 Audited C/R Days	29,664									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,664 FY21 GL-PL Ins Rpt Days								29,664		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.60	\$84.15	\$0.00	\$15.13	\$15.68	(with L&H)	\$30.83	\$3.38	\$25.74	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5691								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.63	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	\$25.74	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.87	\$53.63	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	8.53 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.87	\$53.63	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8948								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.86	\$101.62	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$3.58	\$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	\$198.54	\$105.20	\$0.00	\$15.35	\$16.09	\$0.00	\$48.30	\$3.38	\$8.53	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.08									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: JOE ANNE BURGIN NURS HOME		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00141633A		Growth Allowance:		N/A	0.00%	Base Period Overall CMI:					1.3055	1.5751
H/B ? : No		Case Mix Per Diem Rate Effective Date: 04/01/24		BIMS	30.9%	Quarterly Medicaid CMI:					1.4290	1.5195
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		3.70	6.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.4549	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
Inflation (July 2021) @ 4.30%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.00%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 6.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: SCOTT HEALTH & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141644A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4797	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.21%	2.5%	Quarterly Medicaid CMI:			1.4086	1.5932
							3.13	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4324	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,349,319	\$1,978,163	\$0	\$342,818	\$357,732	\$0	\$557,849		\$112,757	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$96,975)	(\$3,831)	\$0	(\$462)	(\$444)	\$1,135	(\$78,856)		(\$14,517)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$73,276			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,484	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,340,104	\$1,974,332	\$0	\$342,356	\$357,288	\$1,135	\$478,993	\$73,276	\$98,240	\$14,484	
8	Total Nursing Facility Days	As Filed Days = 16,167 FY21 Audited C/R Days	16,167										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,167 FY21 GL-PL Ins Rpt Days								16,167			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.61	\$122.12	\$0.00	\$21.18	\$22.17	(with L&H)	\$29.63	\$4.53	\$6.08	\$0.90	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4797									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.53									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.53	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	\$6.08	\$0.90	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.60	\$82.53	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	11.66 (FRV)	\$0.90	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.60	\$82.53	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4324									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.29	\$118.22	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	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	\$28.68	\$10.58	\$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	\$236.97	\$128.80	\$0.00	\$21.40	\$22.58	\$0.00	\$47.10	\$4.53	\$11.66	\$0.90	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.90										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: KEYSVILLE NURSING HOME & REHAB Prvdr ID: 00141655A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 53.33% Nurse Hours per On-Site Day/Quality Incentive: 3.20			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 5.5% Add-on Percent: 3.0%			Base Period Overall CMI: 1.3677 Quarterly Medicaid CMI: 1.2816 Qtrly Mcaid CMI w RUG Wght Options: 1.3019			1.3677	1.5751	1.2816	1.5932	1.3019	1.6218
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,046,663	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$435,519		\$353,692	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$106,004)	\$0	\$0	\$0	\$0	\$0	(\$71,610)		(\$34,394)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,986																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$34,394															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,045,039	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$363,909	\$69,986	\$319,298	\$34,394															
8	Total Nursing Facility Days	As Filed Days = 17,969 FY21 Audited C/R Days	17,969																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,969 FY21 GL-PL Ins Rpt Days								17,969																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.10	\$124.00	\$0.00	\$27.72	\$29.56	(with L&H)	\$20.25	\$3.89	\$17.77	\$1.91															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3677																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.67																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.67	\$0.00	\$27.72	\$29.56		\$20.25	\$3.89	\$17.77	\$1.91															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.29	\$90.67	\$0.00	\$26.82	\$29.56		\$20.25	\$3.89	13.19 (FRV)	\$1.91															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.29	\$90.67	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3019																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.04																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.66	\$118.04	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.49	\$6.49																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54																							
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	\$28.44	\$10.56	\$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	\$242.10	\$128.60	\$0.00	\$26.82	\$29.97	\$0.00	\$37.72	\$3.89	\$13.19	\$1.91															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.75																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: COUNTRYSIDE HEALTH CENTER Prvdr ID: 00141666A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5776	1.5751		
				Qtrly BIMS score	22.22%	1.0%	Quarterly Medicaid CMI:			1.7888	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	3.11	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8237	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,506,125	\$1,903,180	\$0	\$328,273	\$381,441	\$0	\$615,544		\$277,687	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,778)	\$0	\$0	\$0	(\$3,192)	(\$2,720)	(\$52,651)		(\$17,215)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$41,170			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,948	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,488,465	\$1,903,180	\$0	\$328,273	\$378,249	(\$2,720)	\$562,893	\$41,170	\$260,472	\$16,948	
8	Total Nursing Facility Days	As Filed Days = 18,982 FY21 Audited C/R Days	18,982										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,982 FY21 GL-PL Ins Rpt Days								18,982			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.76	\$100.26	\$0.00	\$17.29	\$19.78	(with L&H)	\$29.65	\$2.17	\$13.72	\$0.89	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5776									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.55									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.55	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	\$13.72	\$0.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.02	\$63.55	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	6.69 (FRV)	\$0.89	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.02	\$63.55	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8237									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.37	\$115.90	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89	
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.48	\$119.91	\$0.00	\$17.51	\$20.19	\$0.00	\$47.12	\$2.17	\$6.69	\$0.89	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.04										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAKE CITY NURSING AND REHABILITATION CENTER LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141699A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.6293				1.6293	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 30.99%	2.5%	Quarterly Medicaid CMI: 1.5540				1.5540	1.5932	
				2.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5819				1.5819	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,865,210	\$6,792,481	\$0	\$1,179,706	\$1,247,209	\$0	\$1,729,109		\$916,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$420,402)	\$0	\$0	(\$4,779)	(\$1,625)	\$1,640	(\$317,003)		(\$98,635)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$163,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$98,225
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,706,840	\$6,792,481	\$0	\$1,174,927	\$1,245,584	\$1,640	\$1,412,106	\$163,807	\$818,070	\$98,225
8	Total Nursing Facility Days As Filed Days = 66,454	FY21 Audited C/R Days	66,454									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,454	FY21 GL-PL Ins Rpt Days								66,454		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.16	\$102.21	\$0.00	\$17.68	\$18.77	(with L&H)	\$21.25	\$2.46	\$12.31	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6293								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	\$12.31	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.77	\$62.73	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	9.40 (FRV)	\$1.48
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	\$133.77	\$62.73	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5819								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.27	\$99.23	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$5.99	\$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	\$194.36	\$105.22	\$0.00	\$17.90	\$19.18	\$0.00	\$38.72	\$2.46	\$9.40	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.95									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LAKEHAVEN, LLC Prvdr ID: 00141721A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 26.23% Nurse Hours per On-Site Day/Quality Incentive: 3.21				N/A	0.00% 1.0% 6.0%	Base Period Overall CMI: 1.7253 Quarterly Medicaid CMI: 1.5985 Qtrly Mcaid CMI w RUG Wght Options: 1.6285			1.7253 1.5985 1.6285	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,356,538	\$2,621,786	\$0	\$471,967	\$713,306	\$0	\$1,094,924		\$454,555	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$440,708)	(\$71,293)	\$0	\$0	\$0	\$223	(\$331,601)		(\$38,037)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$390,803		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$39,983
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,346,616	\$2,550,493	\$0	\$471,967	\$713,306	\$223	\$763,323	\$390,803	\$416,518	\$39,983
8	Total Nursing Facility Days	As Filed Days = 24,826 FY21 Audited C/R Days	24,826									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,826 FY21 GL-PL Ins Rpt Days								24,826		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$215.36	\$102.73	\$0.00	\$19.01	\$28.74	(with L&H)	\$30.75	\$15.74	\$16.78	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7253								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.54	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	\$16.78	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.17	\$59.54	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	8.78 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.17	\$59.54	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6285								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.59	\$96.96	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	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	\$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	\$227.01	\$104.28	\$0.00	\$19.23	\$29.15	\$0.00	\$48.22	\$15.74	\$8.78	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SGMC LAKELAND VILLA Prvdr ID: 00141732A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A		Qtrly BIMS score: 28.85%	Nurse Hours per On-Site Day/Quality Incentive: 3.02	0.00%	1.0%	3.0%	Base Period Overall CMI: 1.1423				1.1423	1.5751
		Qtrly Medicaid CMI: 1.1236		Qtrly Mcaid CMI w RUG Wght Options: 1.1387								1.1236	1.5932	
												1.1387	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,564,739	\$3,086,595	\$0	\$1,350,164	\$319,703	\$667,383	\$786,649		\$354,245	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,987)	\$27,411	\$0	\$0	\$0	(\$13,008)	(\$75,063)		(\$15,327)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44,625				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,327		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,548,704	\$3,114,006	\$0	\$1,350,164	\$319,703	\$654,375	\$711,586	\$44,625	\$338,918	\$15,327		
8	Total Nursing Facility Days	As Filed Days = 21,984 FY21 Audited C/R Days	21,984											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,984 FY21 GL-PL Ins Rpt Days								21,984				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.90	\$141.65	\$0.00	\$61.42	\$44.31	(with L&H)	\$32.37	\$2.03	\$15.42	\$0.70		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1423										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.00										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$124.00	\$0.00	\$61.42	\$44.31		\$32.37	\$2.03	\$15.42	\$0.70		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$234.63	\$99.82	\$0.00	\$37.13	\$33.28		\$32.37	\$2.03	29.30 (FRV)	\$0.70		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$234.63	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1387										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.67										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.48	\$113.67	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$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)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41										
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	\$22.02	\$4.55	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$270.50	\$118.22	\$0.00	\$37.13	\$33.28	\$0.00	\$49.84	\$2.03	\$29.30	\$0.70		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.05											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: THE OAKS - LIMESTONE Prvdr ID: 00141743A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7227	1.5751
							36.59%	2.5%					1.5012	1.5932
							3.31	5.0%					1.5277	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,946,082	\$3,387,685	\$0	\$509,397	\$869,370	\$0	\$1,430,648		\$748,982	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$522,348)	(\$56,275)	\$0	\$0	\$9,984	\$13,256	(\$400,058)		(\$89,255)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$451,216				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$80,327		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,955,277	\$3,331,410	\$0	\$509,397	\$879,354	\$13,256	\$1,030,590	\$451,216	\$659,727	\$80,327		
8	Total Nursing Facility Days	As Filed Days = 23,828 FY21 Audited C/R Days	23,828											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,828 FY21 GL-PL Ins Rpt Days								23,828				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$291.90	\$139.81	\$0.00	\$21.38	\$37.46	(with L&H)	\$43.25	\$18.94	\$27.69	\$3.37		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7227										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.16										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.16	\$0.00	\$21.38	\$37.46		\$43.25	\$18.94	\$27.69	\$3.37		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.13	\$81.16	\$0.00	\$21.38	\$33.28		\$36.91	\$18.94	34.09 (FRV)	\$3.37		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.13	\$81.16	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5277										
18	Qtrly Routine Srvc 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	\$271.96	\$123.99	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.20	\$6.20										
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	\$27.15	\$9.83	\$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	\$299.11	\$133.82	\$0.00	\$21.60	\$33.28	\$0.00	\$54.01	\$18.94	\$34.09	\$3.37		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.51											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RENAISSANCE CENTER FOR NURSING AND HEALING		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141754A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.6868				1.6868	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 38.14%	2.5%	Quarterly Medicaid CMI: 1.5435				1.5435	1.5932	
				3.40	5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5714				1.5714	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,985,589	\$3,997,645	\$0	\$741,115	\$700,762	\$0	\$1,371,525		\$1,174,542	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,405)	(\$11,043)	\$0	\$0	(\$4,960)	(\$6,998)	(\$173,982)		(\$106,422)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$173,982		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$104,607
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,960,773	\$3,986,602	\$0	\$741,115	\$695,802	(\$6,998)	\$1,197,543	\$173,982	\$1,068,120	\$104,607
8	Total Nursing Facility Days	As Filed Days = 38,284 FY21 Audited C/R Days	38,284									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,284 FY21 GL-PL Ins Rpt Days								38,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.93	\$104.13	\$0.00	\$19.36	\$17.99	(with L&H)	\$31.28	\$4.54	\$27.90	\$2.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6868								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.73	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	\$27.90	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.37	\$61.73	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	8.74 (FRV)	\$2.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.37	\$61.73	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5714								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.64	\$97.00	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.85	\$4.85								
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	\$25.91	\$7.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.55	\$104.81	\$0.00	\$19.58	\$18.40	\$0.00	\$48.75	\$4.54	\$8.74	\$2.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.84									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF MARION COUNTY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141809A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5419	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	39.34%	2.5%	Quarterly Medicaid CMI:			1.5512	1.5932
							4.86	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5819	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$723,776		\$339,182	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$82,821)	\$0	\$0	\$0	\$0	\$0	(\$63,565)		(\$19,256)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,565			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,256	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$660,211	\$63,565	\$319,926	\$19,256	
8	Total Nursing Facility Days	FY21 Audited C/R Days		19,058									
	As Filed Days = 19,058												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,058			
	As Filed Days = 19,058												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.33	\$124.53	\$0.00	\$21.82	\$24.20	(with L&H)	\$34.64	\$3.34	\$16.79	\$1.01	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5419									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.77									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.77	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	\$16.79	\$1.01	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.99	\$80.77	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	28.21 (FRV)	\$1.01	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.99	\$80.77	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5819									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.99	\$127.77	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$28.21	\$10.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$269.20	\$137.88	\$0.00	\$22.04	\$24.61	\$0.00	\$52.11	\$3.34	\$28.21	\$1.01	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.08										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LEGACY TRANSITIONAL CARE & REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141831A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.4850	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	30.56%	Quarterly Medicaid CMI:				1.3064	1.5932	
					2.90	Qtrly Mcaid CMI w RUG Wght Options:				1.3285	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,269,045	\$5,864,808	\$0	\$959,365	\$1,151,626	\$0	\$1,774,523		\$1,518,723	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$505,991)	\$0	\$0	\$0	(\$3,131)	(\$3,959)	(\$356,566)		(\$142,335)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,566		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$141,458
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,261,078	\$5,864,808	\$0	\$959,365	\$1,148,495	(\$3,959)	\$1,417,957	\$356,566	\$1,376,388	\$141,458
8	Total Nursing Facility Days	As Filed Days = 57,702 FY21 Audited C/R Days	57,702									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,702 FY21 GL-PL Ins Rpt Days								57,702		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.16	\$101.64	\$0.00	\$16.63	\$19.84	(with L&H)	\$24.57	\$6.18	\$23.85	\$2.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4850								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.45	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	\$23.85	\$2.45
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.41	\$68.45	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	11.29 (FRV)	\$2.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.41	\$68.45	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3285								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.90	\$90.94	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$5.53	\$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	\$195.53	\$96.47	\$0.00	\$16.85	\$20.25	\$0.00	\$42.04	\$6.18	\$11.29	\$2.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SADIE G. MAYS HEALTH & REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141842A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5030	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.25%	2.5%	Quarterly Medicaid CMI:			1.4346	1.5932
							3.30	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4595	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,838,245	\$7,033,832	\$0	\$1,193,278	\$2,068,329	\$0	\$3,263,748		\$279,058	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$782,166)	\$0	\$0	\$0	(\$1,592)	(\$2,356)	(\$685,973)		(\$92,245)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$599,867			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,655,946	\$7,033,832	\$0	\$1,193,278	\$2,066,737	(\$2,356)	\$2,577,775	\$599,867	\$186,813	\$0	
8	Total Nursing Facility Days As Filed Days = 54,832	FY21 Audited C/R Days	54,832										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,832	FY21 GL-PL Ins Rpt Days								54,832			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.05	\$128.28	\$0.00	\$21.76	\$37.65	(with L&H)	\$47.01	\$10.94	\$3.41	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5030									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.35	\$0.00	\$21.76	\$37.65		\$47.01	\$10.94	\$3.41	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.99	\$85.35	\$0.00	\$21.76	\$33.28		\$36.91	\$10.94	11.75 (FRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.99	\$85.35	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4595									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.21	\$124.57	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.23	\$6.23									
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	\$10.09	\$9.87	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.30	\$134.44	\$0.00	\$21.98	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.98										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: MCRAE MANOR NURSING HOME Prvdr ID: 00141853A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 30.26% Nurse Hours per On-Site Day/Quality Incentive: 3.69				Add-on Percent: 0.00% 2.5% 5.0%				Base Period Overall CMI: 1.4663 Quarterly Medicaid CMI: 1.5148 Qtrly Mcaid CMI w RUG Wght Options: 1.5443		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,342,472	\$3,655,039	\$0	\$657,194	\$790,531	\$0	\$1,173,879		\$65,829	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$466,576)	(\$177,843)	\$0	\$1,624	(\$2,306)	(\$5,474)	(\$233,186)		(\$49,391)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$379,000					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R											\$51,036		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,305,932	\$3,477,196	\$0	\$658,818	\$788,225	(\$5,474)	\$940,693	\$379,000	\$16,438	\$51,036			
8	Total Nursing Facility Days	As Filed Days = 30,818 FY21 Audited C/R Days	30,818												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,818 FY21 GL-PL Ins Rpt Days								30,818					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.62	\$112.83	\$0.00	\$21.38	\$25.40	(with L&H)	\$30.52	\$12.30	\$0.53	\$1.66			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4663											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.95											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.95	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	\$0.53	\$1.66			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.24	\$76.95	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	11.03 (FRV)	\$1.66			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.24	\$76.95	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5443											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.83											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.12	\$118.83	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$27.54	\$9.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.66	\$128.27	\$0.00	\$21.60	\$25.81	\$0.00	\$47.99	\$12.30	\$11.03	\$1.66			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.67												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: MEADOWBROOK HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141864A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9580	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.24%	5.5%	Quarterly Medicaid CMI:			2.0854	1.5932
							4.26	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.1257	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,775,217	\$2,911,472	\$0	\$611,951	\$802,799	\$0	\$2,400,655		\$2,048,340	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$274,660)	(\$2,428)	\$0	\$12,900	\$0	(\$12,900)	(\$121,896)		(\$150,336)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,078			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$150,336	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,768,971	\$2,909,044	\$0	\$624,851	\$802,799	(\$12,900)	\$2,278,759	\$118,078	\$1,898,004	\$150,336	
8	Total Nursing Facility Days	As Filed Days = 35,771											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,771											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.13	\$81.32	\$0.00	\$17.47	\$22.08	(with L&H)	\$63.70	\$3.30	\$53.06	\$4.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9580									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.53									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$41.53	\$0.00	\$17.47	\$22.08		\$63.70	\$3.30	\$53.06	\$4.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$41.53	\$0.00	\$17.47	\$22.08		\$36.91	\$3.30	15.27 (FRV)	\$4.20	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.76	\$41.53	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1257									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.51	\$88.28	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.86	\$4.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77									
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	\$24.89	\$7.16	\$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	\$212.40	\$95.44	\$0.00	\$17.69	\$22.49	\$0.00	\$54.01	\$3.30	\$15.27	\$4.20	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.48										

Quarterly Case Mix Per Diem Calculation

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Provider: Ridgecrest Rehab and Skilled Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State- wide
Prvdr ID: 00141886A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5361	1.5751
H/B ? : No				Case Mix Per Diem Rate Effective Date: 04/01/24		BIMS:	2.5%	Quarterly Medicaid CMI:			1.8095	1.5195
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23				Nurse Hours per On-Site Day/Quality Incentive:		4.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8449	1.5463

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent
Provider: PRUITTHEALTH - MACON Prvdr ID: 00141908A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Facility Score	State-wide							
													N/A	23.78%	2.81	0.00%	1.0%	5.0%	1.5669	1.5751	
													23.78%	2.81	0.00%	1.0%	5.0%	1.5882	1.5932		
													2.81	0.00%	1.0%	5.0%	1.6162	1.6218			
CASE MIX BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,492,499	\$6,952,216	\$0	\$896,303	\$1,592,716	\$0	\$2,524,205		\$527,059	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,405,478)	(\$262,561)	\$0	(\$433)	(\$43,890)	(\$46,658)	(\$942,775)		(\$109,161)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$981,353											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,983									
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,100,357	\$6,689,655	\$0	\$895,870	\$1,548,826	(\$46,658)	\$1,581,430	\$981,353	\$417,898	\$31,983									
8	Total Nursing Facility Days	FY21 Audited C/R Days	55,171																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								55,171											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.32	\$121.25	\$0.00	\$16.24	\$27.23	(with L&H)	\$28.66	\$17.79	\$7.57	\$0.58									
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5669																	
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.38																	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.38	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	\$7.57	\$0.58									
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A										
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.47	\$77.38	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	8.59 (FRV)	\$0.58									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.47	\$77.38	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58									
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6162																	
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.06																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.15	\$125.06	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00										
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.25	\$6.25																	
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	\$26.13	\$8.03	\$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	\$250.28	\$133.09	\$0.00	\$16.46	\$27.64	\$0.00	\$46.13	\$17.79	\$8.59	\$0.58									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.89																		

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MEMORIAL MANOR NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141919A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3565	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.96%	2.5%	Quarterly Medicaid CMI:			1.2675	1.5932
							2.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2866	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$603,871		\$205,034	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$79,884)	\$0	\$0	\$0	\$0	\$0	(\$28,876)		(\$51,008)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,876			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,008	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$574,995	\$28,876	\$154,026	\$51,008	
8	Total Nursing Facility Days	As Filed Days = 31,435 FY21 Audited C/R Days	31,435										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,435 FY21 GL-PL Ins Rpt Days								31,435			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.27	\$105.42	\$0.00	\$41.78	\$25.34	(with L&H)	\$18.29	\$0.92	\$4.90	\$1.62	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3565									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.72	\$0.00	\$41.78	\$25.34		\$18.29	\$0.92	\$4.90	\$1.62	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.97	\$77.72	\$0.00	\$37.13	\$25.34		\$18.29	\$0.92	10.95 (FRV)	\$1.62	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.97	\$77.72	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2866									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.24	\$99.99	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$6.03	\$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	\$218.15	\$106.02	\$0.00	\$37.13	\$25.75	\$0.00	\$35.76	\$0.92	\$10.95	\$1.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.79										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MEDICAL MANAGEMENT HEALTH AND REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141941A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5519	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.88%	0.0%	Quarterly Medicaid CMI:			1.6207	1.5932
							2.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6527	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,418,953	\$2,477,295	\$0	\$397,350	\$520,399	\$0	\$757,029		\$266,880	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$120,542)	(\$13,314)	\$0	\$0	\$0	\$0	(\$44,860)		(\$62,368)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,368	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,360,779	\$2,463,981	\$0	\$397,350	\$520,399	\$0	\$712,169	\$0	\$204,512	\$62,368	
8	Total Nursing Facility Days	As Filed Days = 26,697 FY21 Audited C/R Days	26,697										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,697 FY21 GL-PL Ins Rpt Days								26,697			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.34	\$92.29	\$0.00	\$14.88	\$19.49	(with L&H)	\$26.68	\$0.00	\$7.66	\$2.34	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5519									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.47									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.47	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	\$7.66	\$2.34	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.37	\$59.47	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	8.51 (FRV)	\$2.34	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.37	\$59.47	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6527									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.19	\$98.29	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34	
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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.77	\$101.77	\$0.00	\$15.10	\$19.90	\$0.00	\$44.15	\$0.00	\$8.51	\$2.34	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.00										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WARM SPRINGS MEDICAL CENTER NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141952A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2650	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.85%	1.0%	Quarterly Medicaid CMI:			1.2594	1.5932
							3.49	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2775	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,316,760	\$3,019,329	\$0	\$675,173	\$279,021	\$294,559	\$830,546		\$218,132	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$43,328)	\$0	\$0	\$0	\$2,927	\$3,088	(\$40,843)		(\$8,500)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$40,843			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,356	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,322,631	\$3,019,329	\$0	\$675,173	\$281,948	\$297,647	\$789,703	\$40,843	\$209,632	\$8,356	
8	Total Nursing Facility Days	As Filed Days = 26,843 FY21 Audited C/R Days	26,843										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,843 FY21 GL-PL Ins Rpt Days								26,843			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.28	\$112.48	\$0.00	\$25.15	\$21.59	(with L&H)	\$29.42	\$1.52	\$7.81	\$0.31	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2650									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.92									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.92	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	\$7.81	\$0.31	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.66	\$88.92	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	11.75 (FRV)	\$0.31	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.66	\$88.92	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2775									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.34	\$113.60	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.04	\$3.94	\$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	\$225.38	\$117.54	\$0.00	\$25.37	\$22.00	\$0.00	\$46.89	\$1.52	\$11.75	\$0.31	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.21										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AZALEA HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141963A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5548	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.88%	2.5%	Quarterly Medicaid CMI:			1.4270	1.5932
							3.36	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4526	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,154,269	\$2,269,168	\$0	\$468,391	\$418,142	\$0	\$735,637		\$262,931	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$183,453)	(\$2,523)	\$0	(\$617)	\$0	(\$528)	(\$122,650)		(\$57,135)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$115,188			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,135	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,143,139	\$2,266,645	\$0	\$467,774	\$418,142	(\$528)	\$612,987	\$115,188	\$205,796	\$57,135	
8	Total Nursing Facility Days	FY21 Audited C/R Days	21,621										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,621			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.64	\$104.84	\$0.00	\$21.64	\$19.32	(with L&H)	\$28.35	\$5.33	\$9.52	\$2.64	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5548									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.43									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.43	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	\$9.52	\$2.64	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.85	\$67.43	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	11.14 (FRV)	\$2.64	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.85	\$67.43	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4526									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.37	\$97.95	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.88	\$5.88									
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	\$26.96	\$8.86	\$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	\$213.33	\$106.81	\$0.00	\$21.86	\$19.73	\$0.00	\$45.82	\$5.33	\$11.14	\$2.64	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.17										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: EASTMAN HEALTHCARE & REHAB Prvdr ID: 00141974A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4940	1.5751
							30.23%	2.5%					1.6170	1.5932
							2.60	3.0%					1.6489	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,370,214	\$2,885,350	\$0	\$558,912	\$533,885	\$0	\$742,094		\$649,973	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$118,132)	(\$15,891)	\$0	\$0	(\$2,752)	(\$4,494)	(\$52,565)		(\$42,430)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,865				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,640		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,348,587	\$2,869,459	\$0	\$558,912	\$531,133	(\$4,494)	\$689,529	\$49,865	\$607,543	\$46,640		
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,643											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,643				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.84	\$87.90	\$0.00	\$17.12	\$16.13	(with L&H)	\$21.12	\$1.53	\$18.61	\$1.43		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4940										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.84										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.84	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	\$18.61	\$1.43		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.10	\$58.84	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	8.93 (FRV)	\$1.43		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.10	\$58.84	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6489										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.02										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.28	\$97.02	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43		
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.97	\$5.87	\$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	\$187.25	\$102.89	\$0.00	\$17.34	\$16.54	\$0.00	\$38.59	\$1.53	\$8.93	\$1.43		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.61											

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Magnolia Manor of Midway				Facility Score	Add-on Percent			Facility Specific	State-wide
Prvdr ID: 00141985A				N/A	0.00%			1.2981	1.5751
H/B ? : No	Case Mix Per Diem Rate Effective Date: 04/01/24			BIMS: 31.8%	2.5%			1.3763	1.5195
	MDS & Nurse Hrs Data per Quarter Ending: 12/31/23	Nurse Hours per On-Site Day/Quality Incentive: 4.64			3.0%		Qtrly Mcaid CMI w RUG Wght Options:	1.3993	1.5463

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2021 GL-PL Ins. Rpt								\$ 114,936		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								30,676		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$15.21	\$5.04
	Allowed @ 95% of Std		\$207.24	\$94.83		\$25.48	\$31.62		\$35.06		\$15.21	\$5.04
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$210.99	\$94.83		\$25.48	\$31.62		\$35.06	\$ 3.75	\$15.21	\$5.04
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3993							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$132.70								
	Quarterly Medicaid CMA Allowed Per Diem		\$249.30	\$132.70		\$25.48	\$31.62		\$35.06	\$ 4.19	\$15.21	\$5.04
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.32	\$3.32								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.98	\$3.98								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$24.40									
	Quarterly Case Mix Based Per Diem Rate		\$273.69	\$139.99		\$25.48	\$31.62		\$52.16	\$4.19	\$15.21	\$5.04
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$192.45									

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MILLER NURSING HOME Prvdr ID: 00141996A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 59.31% Nurse Hours per On-Site Day/Quality Incentive: 5.76				0.00%	5.5%	Base Period Overall CMI: 2.2223 Quarterly Medicaid CMI: 2.1471 Qtrly Mcaid CMI w RUG Wght Options: 2.1895				1.5751	1.5932	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
Peer Group Standards & Efficiency Measure Limits														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,740,757	\$3,456,475	\$0	\$852,412	\$337,257	\$488,072	\$2,662,481		\$944,060	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,051)	\$21,293	\$0	\$0	(\$11,859)	(\$16,124)	(\$99,935)		(\$29,426)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,303				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,381		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,696,390	\$3,477,768	\$0	\$852,412	\$325,398	\$471,948	\$2,562,546	\$69,303	\$914,634	\$22,381		
8	Total Nursing Facility Days	As Filed Days = 21,882 FY21 Audited C/R Days	21,893											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,882 FY21 GL-PL Ins Rpt Days								21,893				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$397.23	\$158.85	\$0.00	\$38.94	\$36.42	(with L&H)	\$117.05	\$3.17	\$41.78	\$1.02		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		2.2223										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.48										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.48	\$0.00	\$38.94	\$36.42		\$117.05	\$3.17	\$41.78	\$1.02		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.89	\$71.48	\$0.00	\$37.13	\$33.28		\$36.91	\$3.17	22.90 (FRV)	\$1.02		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.89	\$71.48	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1895										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.51										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$290.92	\$156.51	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$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)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.61	\$8.61										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.70	\$4.70										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.94	\$13.84	\$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	\$321.86	\$170.35	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$3.17	\$22.90	\$1.02		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$228.57											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NEW HORIZONS LIMESTONE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142007A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2400	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	10.00%	0.0%	Quarterly Medicaid CMI:			1.1681	1.5932
							3.58	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1840	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,544,251	\$5,840,974	\$0	\$1,627,006	\$527,667	\$963,810	\$1,773,598		\$811,196	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,368)	(\$5,804)	\$0	\$0	\$0	\$0	(\$132,778)		(\$5,786)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,292			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$5,786	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,468,961	\$5,835,170	\$0	\$1,627,006	\$527,667	\$963,810	\$1,640,820	\$63,292	\$805,410	\$5,786	
8	Total Nursing Facility Days As Filed Days = 36,802	FY21 Audited C/R Days	36,802										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,802	FY21 GL-PL Ins Rpt Days								36,802			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$311.65	\$158.56	\$0.00	\$44.21	\$40.53	(with L&H)	\$44.59	\$1.72	\$21.88	\$0.16	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2400									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$127.87									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$127.87	\$0.00	\$44.21	\$40.53		\$44.59	\$1.72	\$21.88	\$0.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.87	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$1.72	11.85 (FRV)	\$0.16	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$220.87	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1840									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.24	\$118.19	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.46	\$2.36	\$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	\$258.70	\$120.55	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.72	\$11.85	\$0.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.20										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MITCHELL CONVALESCENT CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142018A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.5363			1.5363	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive: 3.80				Qtrly BIMS score: 36.11%	2.5%	Quarterly Medicaid CMI: 1.3376			1.3376	1.5932
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3559			1.3559	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,495,941	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$607,272		\$258,160	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$6,807	\$0	\$0	\$0	\$0	\$0	\$11,261		(\$4,454)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$14,813		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$5,716
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,523,277	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$618,533	\$14,813	\$253,706	\$5,716
8	Total Nursing Facility Days As Filed Days = 15,621	FY21 Audited C/R Days	15,621									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,621	FY21 GL-PL Ins Rpt Days								15,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$289.57	\$150.90	\$0.00	\$37.57	\$43.94	(with L&H)	\$39.60	\$0.95	\$16.24	\$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5363								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.22	\$0.00	\$37.57	\$43.94		\$39.60	\$0.95	\$16.24	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.14	\$98.22	\$0.00	\$37.13	\$33.28		\$36.91	\$0.95	12.28 (FRV)	\$0.37
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	\$219.14	\$98.22	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3559								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.10	\$133.18	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37
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 Srvc)	Ln 19 Col b x CPS Add-on	\$3.33	\$3.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.00	\$4.00								
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	\$24.96	\$7.86	\$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	\$279.06	\$141.04	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.95	\$12.28	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MONTEZUMA HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142062A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6019	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.61%	5.5%	Quarterly Medicaid CMI:			1.5288	1.5932
							3.95	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5531	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,249,124	\$2,352,696	\$0	\$395,474	\$524,915	\$0	\$801,683		\$174,356	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$127,148)	(\$2,210)	\$0	(\$541)	\$0	(\$551)	(\$113,601)		(\$10,245)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,560			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,245	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,237,781	\$2,350,486	\$0	\$394,933	\$524,915	(\$551)	\$688,082	\$105,560	\$164,111	\$10,245	
8	Total Nursing Facility Days	As Filed Days = 18,941 FY21 Audited C/R Days	18,941										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,941 FY21 GL-PL Ins Rpt Days								18,941			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.73	\$124.10	\$0.00	\$20.85	\$27.68	(with L&H)	\$36.33	\$5.57	\$8.66	\$0.54	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6019									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.47									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.47	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	\$8.66	\$0.54	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.44	\$77.47	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	13.00 (FRV)	\$0.54	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.44	\$77.47	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$13.00	\$0.54	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5531									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.29	\$120.32	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$13.00	\$0.54	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.62	\$6.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$31.27	\$13.17	\$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	\$255.56	\$133.49	\$0.00	\$21.07	\$28.09	\$0.00	\$53.80	\$5.57	\$13.00	\$0.54	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.85										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AVALON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142084A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4056	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	49.09%	5.5%	Quarterly Medicaid CMI:				1.3545	1.5932
							3.59	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3752	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,189,417	\$2,922,926	\$0	\$457,786	\$523,612	\$0	\$932,115		\$352,978	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$111,476)	(\$2,530)	\$0	(\$619)	\$0	(\$508)	(\$98,461)		(\$9,358)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$93,600				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,358		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,180,899	\$2,920,396	\$0	\$457,167	\$523,612	(\$508)	\$833,654	\$93,600	\$343,620	\$9,358		
8	Total Nursing Facility Days	FY21 Audited C/R Days	21,679											
	As Filed Days = 21,679													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,679				
	As Filed Days = 21,679													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.98	\$134.71	\$0.00	\$21.09	\$24.13	(with L&H)	\$38.45	\$4.32	\$15.85	\$0.43		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4056										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.84										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.84	\$0.00	\$21.09	\$24.13		\$38.45	\$4.32	\$15.85	\$0.43		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.88	\$95.84	\$0.00	\$21.09	\$24.13		\$36.91	\$4.32	11.16 (FRV)	\$0.43		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.88	\$95.84	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3752										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.80										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.84	\$131.80	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.25	\$7.25										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$32.10	\$14.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.94	\$146.17	\$0.00	\$21.31	\$24.54	\$0.00	\$54.01	\$4.32	\$11.16	\$0.43		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.63											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MOULTRIE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142095A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5350	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.92%	1.0%	Quarterly Medicaid CMI:				1.7000	1.5932
							3.29	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7324	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,458,182	\$2,293,688	\$0	\$328,039	\$539,175	\$0	\$958,542		\$338,738	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$334,364)	(\$95,713)	\$0	\$0	\$60	\$939	(\$210,146)		(\$29,504)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$294,958				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,162		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,449,938	\$2,197,975	\$0	\$328,039	\$539,235	\$939	\$748,396	\$294,958	\$309,234	\$31,162		
8	Total Nursing Facility Days	As Filed Days = 19,366 FY21 Audited C/R Days		19,366										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,366 FY21 GL-PL Ins Rpt Days								19,366				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.78	\$113.50	\$0.00	\$16.94	\$27.89	(with L&H)	\$38.64	\$15.23	\$15.97	\$1.61		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5350										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$16.94	\$27.89		\$38.64	\$15.23	\$15.97	\$1.61		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.39	\$73.94	\$0.00	\$16.94	\$27.89		\$36.91	\$15.23	18.87 (FRV)	\$1.61		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.39	\$73.94	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7324										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.09										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.54	\$128.09	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.40	\$6.40										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.94	\$8.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$271.48	\$136.30	\$0.00	\$17.16	\$28.30	\$0.00	\$54.01	\$15.23	\$18.87	\$1.61		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.79											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVER BROOK HEALTHCARE CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142106A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5747	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	22.06%	Quarterly Medicaid CMI:				1.5099	1.5932	
					2.79	Qtrly Mcaid CMI w RUG Wght Options:				1.5361	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,394,405	\$2,434,629	\$0	\$413,877	\$400,278	\$0	\$851,953		\$293,668	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,944)	\$2,600	\$0	\$0	\$0	\$0	(\$222,899)		(\$24,645)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$56,973		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,645
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,231,079	\$2,437,229	\$0	\$413,877	\$400,278	\$0	\$629,054	\$56,973	\$269,023	\$24,645
8	Total Nursing Facility Days	As Filed Days = 29,341 FY21 Audited C/R Days	29,341									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,341 FY21 GL-PL Ins Rpt Days								29,341		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$144.21	\$83.07	\$0.00	\$14.11	\$13.64	(with L&H)	\$21.44	\$1.94	\$9.17	\$0.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5747								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.75	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	\$9.17	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.08	\$52.75	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	7.36 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.08	\$52.75	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5361								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.36	\$81.03	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.62	\$1.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.06	\$2.96	\$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	\$161.42	\$83.99	\$0.00	\$14.33	\$14.05	\$0.00	\$38.91	\$1.94	\$7.36	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.24									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ORCHARD VIEW REHABILITATION & SKILLED NURSING CTR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142117A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.4634	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	41.18%	Quarterly Medicaid CMI:				1.4436	1.5932	
					5.07	Qtrly Mcaid CMI w RUG Wght Options:				1.4681	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,105,160	\$7,647,314	\$0	\$1,235,685	\$1,587,195	\$0	\$1,713,262		\$1,921,704	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$229,643)	\$53,664	\$0	\$0	\$0	\$0	(\$243,839)		(\$39,468)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,401		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$39,468
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,159,386	\$7,700,978	\$0	\$1,235,685	\$1,587,195	\$0	\$1,469,423	\$244,401	\$1,882,236	\$39,468
8	Total Nursing Facility Days	As Filed Days = 46,768 FY21 Audited C/R Days	46,768									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,768 FY21 GL-PL Ins Rpt Days								46,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$302.76	\$164.66	\$0.00	\$26.42	\$33.94	(with L&H)	\$31.42	\$5.23	\$40.25	\$0.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4634								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$112.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.52	\$0.00	\$26.42	\$33.94		\$31.42	\$5.23	\$40.25	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.64	\$99.82	\$0.00	\$26.42	\$33.28		\$31.42	\$5.23	36.63 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$233.64	\$99.82	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4681								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.37	\$146.55	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.66	\$3.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.40	\$4.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.75	\$8.06	\$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	\$306.12	\$154.61	\$0.00	\$26.64	\$33.28	\$0.00	\$48.89	\$5.23	\$36.63	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$216.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SUMMERHILL ELDERLIVING HOME & CARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142139A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5002	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	40.21%	2.5%	Quarterly Medicaid CMI:			1.5500	1.5932
							4.92	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5765	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,405,251	\$7,721,271	\$0	\$1,292,895	\$1,443,085	\$0	\$1,576,152		\$371,848	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$391,539)	(\$125,707)	\$0	\$0	\$6,390	\$6,457	(\$183,334)		(\$95,345)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$235,416			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$90,683	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,339,811	\$7,595,564	\$0	\$1,292,895	\$1,449,475	\$6,457	\$1,392,818	\$235,416	\$276,503	\$90,683	
8	Total Nursing Facility Days	As Filed Days = 49,289 FY21 Audited C/R Days	49,289										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,289 FY21 GL-PL Ins Rpt Days								49,289			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.36	\$154.10	\$0.00	\$26.23	\$29.54	(with L&H)	\$28.26	\$4.78	\$5.61	\$1.84	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5002									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.72	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	\$5.61	\$1.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.84	\$99.82	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	17.37 (FRV)	\$1.84	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.84	\$99.82	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5765									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.39	\$157.37	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$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)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.93	\$3.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$9.44	\$9.44									
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	\$31.47	\$13.37	\$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	\$296.86	\$170.74	\$0.00	\$26.45	\$29.95	\$0.00	\$45.73	\$4.78	\$17.37	\$1.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$209.82										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: HERITAGE INN HEALTH AND REHABILITATION Prvdr ID: 00142161A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 26.53% Nurse Hours per On-Site Day/Quality Incentive: 2.89			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 4.0%			Base Period Overall CMI: 1.5053 Quarterly Medicaid CMI: 1.3425 Qtrly Mcaid CMI w RUG Wght Options: 1.3622			1.5053	1.5751	1.3425	1.5932	1.3622	1.6218
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,157,996	\$2,130,530	\$0	\$408,906	\$443,942	\$0	\$725,502		\$449,116	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,412)	(\$2,480)	\$0	(\$607)	\$0	(\$385)	(\$104,488)		(\$36,452)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$96,980																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,452															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,147,016	\$2,128,050	\$0	\$408,299	\$443,942	(\$385)	\$621,014	\$96,980	\$412,664	\$36,452															
8	Total Nursing Facility Days	FY21 Audited C/R Days	21,255																								
	As Filed Days = 21,255																										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,255																	
	As Filed Days = 21,255																										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.10	\$100.12	\$0.00	\$19.21	\$20.87	(with L&H)	\$29.22	\$4.56	\$19.41	\$1.71															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5053																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.51																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.51	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	\$19.41	\$1.71															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.19	\$66.51	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	8.11 (FRV)	\$1.71															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.19	\$66.51	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$1.71															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3622																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.60																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.28	\$90.60	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.06	\$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	\$197.44	\$95.66	\$0.00	\$19.43	\$21.28	\$0.00	\$46.69	\$4.56	\$8.11	\$1.71															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.26																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: NURSE CARE OF BUCKHEAD		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142183A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.6933	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	26.06%	Quarterly Medicaid CMI:				1.5995	1.5932	
					3.40	Qtrly Mcaid CMI w RUG Wght Options:				1.6284	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$17,057,883	\$8,890,668	\$0	\$1,166,679	\$1,364,231	\$0	\$2,652,055		\$2,984,250	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$733,377)	\$0	\$0	\$0	\$0	\$0	(\$433,198)		(\$300,179)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$433,198		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$300,179
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,057,883	\$8,890,668	\$0	\$1,166,679	\$1,364,231	\$0	\$2,218,857	\$433,198	\$2,684,071	\$300,179
8	Total Nursing Facility Days	FY21 Audited C/R Days	65,552									
	As Filed Days = 65,552											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								65,552		
	As Filed Days = 65,552											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$260.23	\$135.63	\$0.00	\$17.80	\$20.81	(with L&H)	\$33.85	\$6.61	\$40.95	\$4.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6933								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.10	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	\$40.95	\$4.58
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.47	\$80.10	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	11.72 (FRV)	\$4.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.47	\$80.10	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6284								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.80	\$130.43	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.54	\$4.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.34	\$134.87	\$0.00	\$18.02	\$21.22	\$0.00	\$51.32	\$6.61	\$11.72	\$4.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PINEWOOD NURSING CENTER Prvdr ID: 00142205A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2913	1.5751		
				Qtrly BIMS score	25.86%	1.0%	Quarterly Medicaid CMI:			1.0318	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	2.30	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0440	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,571,023	\$1,315,027	\$0	\$294,641	\$502,095	\$0	\$924,040		\$535,220	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$110,995)	(\$91,179)	\$0	\$0	\$0	\$0	\$43,155		(\$62,971)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,024			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,971	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,571,023	\$1,223,848	\$0	\$294,641	\$502,095	\$0	\$967,195	\$48,024	\$472,249	\$62,971	
8	Total Nursing Facility Days	As Filed Days = 17,934 FY21 Audited C/R Days	17,934										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,934 FY21 GL-PL Ins Rpt Days								17,934			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.12	\$68.24	\$0.00	\$16.43	\$28.00	(with L&H)	\$53.93	\$2.68	\$26.33	\$3.51	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2913									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.85									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.85	\$0.00	\$16.43	\$28.00		\$53.93	\$2.68	\$26.33	\$3.51	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.63	\$52.85	\$0.00	\$16.43	\$28.00		\$36.91	\$2.68	8.25 (FRV)	\$3.51	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.63	\$52.85	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0440									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$55.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.96	\$55.18	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.55	\$0.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.10	\$1.10									
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	\$19.91	\$2.18	\$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	\$170.87	\$57.36	\$0.00	\$16.65	\$28.41	\$0.00	\$54.01	\$2.68	\$8.25	\$3.51	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.33										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: OAKVIEW HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142238A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4771	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.57%	1.0%	Quarterly Medicaid CMI:				1.3489	1.5932
							3.11	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3718	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,273,122	\$4,682,254	\$0	\$844,483	\$970,368	\$0	\$1,627,084		\$1,148,933	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$348,370)	(\$5,304)	\$0	(\$1,298)	\$0	(\$1,150)	(\$293,700)		(\$46,918)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$157,040				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,918		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,128,710	\$4,676,950	\$0	\$843,185	\$970,368	(\$1,150)	\$1,333,384	\$157,040	\$1,102,015	\$46,918		
8	Total Nursing Facility Days	As Filed Days = 45,457 FY21 Audited C/R Days	45,457											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,457 FY21 GL-PL Ins Rpt Days								45,457				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.81	\$102.89	\$0.00	\$18.55	\$21.32	(with L&H)	\$29.33	\$3.45	\$24.24	\$1.03		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4771										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.66										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	\$24.24	\$1.03		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.18	\$69.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	15.84 (FRV)	\$1.03		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.18	\$69.66	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3718										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.56										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.08	\$95.56	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.78	\$4.78										
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	\$7.27	\$6.27	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.35	\$101.83	\$0.00	\$18.77	\$21.73	\$0.00	\$29.70	\$3.45	\$15.84	\$1.03		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.26											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: OAK VIEW HOME, INC Prvdr ID: 00142249A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.2527	1.5751
							38.46%	2.5%					1.2326	1.5932
							3.30	4.0%					1.2536	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,941,829	\$3,346,932	\$0	\$499,134	\$706,400	\$0	\$1,067,721		\$321,642	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$148,513)	(\$3,375)	\$0	(\$826)	\$0	(\$528)	(\$117,596)		(\$26,188)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$107,380				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,188		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,926,884	\$3,343,557	\$0	\$498,308	\$706,400	(\$528)	\$950,125	\$107,380	\$295,454	\$26,188		
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,920	28,920										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,920				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.94	\$115.61	\$0.00	\$17.23	\$24.41	(with L&H)	\$32.85	\$3.71	\$10.22	\$0.91		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2527										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.29										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.29	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	\$10.22	\$0.91		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.65	\$92.29	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	10.25 (FRV)	\$0.91		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.65	\$92.29	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$0.91		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2536										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.69										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.05	\$115.69	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63										
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	\$26.15	\$8.05	\$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	\$231.20	\$123.74	\$0.00	\$17.45	\$24.82	\$0.00	\$50.32	\$3.71	\$10.25	\$0.91		
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 FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: THE OAKS NURSING HOME, INC. Prvdr ID: 00142271A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5859	1.5751
							47.50%	5.5%					1.4902	1.5932
							3.74	5.0%					1.5141	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,907,828	\$2,248,981	\$0	\$416,970	\$588,897	\$0	\$610,061		\$42,919	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$80,874)	(\$370)	\$0	\$0	\$0	\$0	(\$48,592)		(\$31,912)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44,590				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,912		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,903,456	\$2,248,611	\$0	\$416,970	\$588,897	\$0	\$561,469	\$44,590	\$11,007	\$31,912		
8	Total Nursing Facility Days	FY21 Audited C/R Days	21,095											
	As Filed Days = 21,095													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,095				
	As Filed Days = 21,095													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.04	\$106.59	\$0.00	\$19.77	\$27.92	(with L&H)	\$26.62	\$2.11	\$0.52	\$1.51		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5859										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.21										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.21	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	\$0.52	\$1.51		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.13	\$67.21	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	14.99	\$1.51		
											(FRV)			
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.13	\$67.21	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5141										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.76										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.68	\$101.76	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.60	\$5.60										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$29.32	\$11.22	\$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	\$224.00	\$112.98	\$0.00	\$19.99	\$28.33	\$0.00	\$44.09	\$2.11	\$14.99	\$1.51		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.18											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: PRUITTHEALTH - OLD CAPITOL Prvdr ID: 00142304A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 53.62% Nurse Hours per On-Site Day/Quality Incentive: 3.92				Add-on Percent: 0.00% 5.5% 5.0%				Base Period Overall CMI: 1.3583 Quarterly Medicaid CMI: 1.3389 Qtrly Mcaid CMI w RUG Wght Options: 1.3606		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,393,979	\$3,331,999	\$0	\$580,828	\$718,360	\$0	\$1,452,836		\$309,956	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$726,950)	(\$113,282)	\$0	\$1,793	(\$2,226)	(\$2,344)	(\$562,329)		(\$48,562)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$615,542					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,309			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,289,880	\$3,218,717	\$0	\$582,621	\$716,134	(\$2,344)	\$890,507	\$615,542	\$261,394	\$7,309			
8	Total Nursing Facility Days	FY21 Audited C/R Days	35,467	35,467											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								35,467					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.36	\$90.75	\$0.00	\$16.43	\$20.13	(with L&H)	\$25.11	\$17.36	\$7.37	\$0.21			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3583											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.81											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.81	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	\$7.37	\$0.21			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.37	\$66.81	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	8.32 (FRV)	\$0.21			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.37	\$66.81	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3606											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.90											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.46	\$90.90	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21			
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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.00	\$5.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.55	\$4.55											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.18	\$10.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.64	\$100.98	\$0.00	\$16.65	\$20.54	\$0.00	\$42.58	\$17.36	\$8.32	\$0.21			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.16												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH - OCILLA Prvdr ID: 00142315A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 18.97% Nurse Hours per On-Site Day/Quality Incentive: 3.88				N/A	0.00%	Base Period Overall CMI: 1.6599 Quarterly Medicaid CMI: 1.9191 Qtrly Mcaid CMI w RUG Wght Options: 1.9573				1.6599	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,597,345	\$2,475,684	\$0	\$278,422	\$648,735	\$0	\$1,004,514		\$189,990	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$406,896)	(\$94,774)	\$0	\$0	\$26	(\$150)	(\$281,208)		(\$30,790)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$358,452			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,863	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,575,764	\$2,380,910	\$0	\$278,422	\$648,761	(\$150)	\$723,306	\$358,452	\$159,200	\$26,863	
8	Total Nursing Facility Days	FY21 Audited C/R Days	20,479	20,479									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,479			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.43	\$116.26	\$0.00	\$13.60	\$31.67	(with L&H)	\$35.32	\$17.50	\$7.77	\$1.31	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6599									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.04									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.04	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	\$7.77	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.52	\$70.04	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	10.08 (FRV)	\$1.31	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.52	\$70.04	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9573									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.57	\$137.09	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.48	\$5.48									
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	\$24.11	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$270.68	\$143.10	\$0.00	\$13.82	\$32.08	\$0.00	\$52.79	\$17.50	\$10.08	\$1.31	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.19										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PALEMON GASKINS MEM NSG HOME Prvdr ID: 00142326A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					0.9961	1.5751
							35.29%	2.5%					1.0752	1.5932
							4.44	3.0%					1.0896	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,604,297	\$1,302,730	\$0	\$524,458	\$84,049	\$216,313	\$523,046		(\$46,299)	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,736)	(\$19,967)	\$0	(\$238,717)	(\$26,039)	(\$22,647)	(\$1,927)			\$119,561		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt									\$12,560			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$2,963		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,430,084	\$1,282,763	\$0	\$285,741	\$58,010	\$193,666	\$521,119	\$12,560	\$73,262	\$2,963		
8	Total Nursing Facility Days	As Filed Days = 9,231 FY21 Audited C/R Days	9,231											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 9,231 FY21 GL-PL Ins Rpt Days								9,231				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.24	\$138.96	\$0.00	\$30.95	\$27.26	(with L&H)	\$56.45	\$1.36	\$7.94	\$0.32		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		0.9961										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$139.51										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$139.51	\$0.00	\$30.95	\$27.26		\$56.45	\$1.36	\$7.94	\$0.32		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.98	\$99.82	\$0.00	\$30.95	\$27.26		\$36.91	\$1.36	15.36 (FRV)	\$0.32		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.98	\$99.82	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0896										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.76										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.92	\$108.76	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.98	\$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	\$244.63	\$114.74	\$0.00	\$31.17	\$27.67	\$0.00	\$54.01	\$1.36	\$15.36	\$0.32		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.65											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - PALMYRA Prvdr ID: 00142337A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 38.76% Nurse Hours per On-Site Day/Quality Incentive: 3.68				0.00%	2.5%	Base Period Overall CMI: 1.5320 Quarterly Medicaid CMI: 1.5431 Qtrly Mcaid CMI w RUG Wght Options: 1.5702				1.5320	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,416,323	\$6,519,324	\$0	\$866,244	\$1,414,439	\$0	\$2,685,974		\$930,342	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,100,307)	(\$131,179)	\$0	\$0	(\$6,023)	(\$2,497)	(\$879,125)		(\$81,483)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$1,001,633			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,422	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,378,071	\$6,388,145	\$0	\$866,244	\$1,408,416	(\$2,497)	\$1,806,849	\$1,001,633	\$848,859	\$60,422	
8	Total Nursing Facility Days As Filed Days = 54,779	FY21 Audited C/R Days	54,779										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,779	FY21 GL-PL Ins Rpt Days								54,779			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.96	\$116.62	\$0.00	\$15.81	\$25.67	(with L&H)	\$32.98	\$18.28	\$15.50	\$1.10	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5320									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	\$15.50	\$1.10	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.75	\$76.12	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	9.79 (FRV)	\$1.10	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.75	\$76.12	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5702									
18	Qtrly Routine Srvc 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	\$223.15	\$119.52	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$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	\$250.75	\$129.02	\$0.00	\$16.03	\$26.08	\$0.00	\$50.45	\$18.28	\$9.79	\$1.10	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.24										

MONTH: 7/1/2023
FINAL

FISCAL YEAR ENDING JUNE 30, 2021

2021 RSMMeans FRV

14.66

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									
MEDICAID DAYS	38091	0	38,091									
Descriptions	Total SNF	Total ICF	Routine Svc SNF	Routine Svc ICF	Special Services	Dietary	Laundry/ Housekpng	Operations/ Maintenance	Admin/ General	A&G-GL-PL Insurance	Prop. Related	Tax/ Ins
REP HST COST		7,646,681	0	1,584,916	2,133,155	609,143	532,369	599,446	913,936	552,979	626,594	94,143
HIST COST ADJ												
1399		(2,133,155)			(2,133,155)							
1199		2,133,155		2,133,155								
1699		(599,446)						(599,446)				
1599		599,446					599,446					
1899		-										
1999		16,344										16,344
1200		-	0	(3,601)								
1400		-										
1500		1,183					1,183					
1700		2,418							2,418			
1800		-										
1898		-										
TOTAL HIST ADJ		16,344	0	2,129,554	(2,133,155)	-	600,629	(599,446)	2,418		-	16,344
NET HST COST		7,663,025	0	3,714,470	-	609,143	1,132,998	-	916,354	552,979	626,594	110,487
PROJ COST ADJ												
2800		-										
2000		-	0									
TOTAL PROJ ADJS		-	0	-	-	-	-	-	-	-	-	-
TOTAL HST/PROJ		7,663,025	0	-	-	609,143	1,132,998	-	916,354	552,979	626,594	110,487
REP PAT DAYS		38,091	0	38,091		38,091	38,091		38,091	38,091	38,091	38,091
PAT DAY ADJS		-		-								
ADJ PAT DAYS		38,091		38,091		38,091	38,091		38,091	38,091	38,091	38,091
NET PER DIEM		184.73		97.52		15.99	29.74		24.06	14.52	14.66	2.90
STAND PER DIEM		196.49		97.52		15.99	29.74		24.06	14.52	14.66	2.90
NURSING HOME PROVIDER FEE		17.10									(FRV)	
ALLOW PER DIEM		199.39		97.52		15.99	29.74		24.06	14.52	14.66	2.90
GTH 0.00%		-		-		-	-		-	-	-	-
INCEN PER DIEM		1.53		0.53		0.22	0.41		0.37			
TOTAL PER DIEM		218.02										
BED HOLD & LEAVE DAY PER DIEM		150.69										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WELLSTAR PAULDING NURSING CTR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142359A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.0836	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	39.25%	Quarterly Medicaid CMI:				1.1174	1.5932	
					3.89	Qtrly Mcaid CMI w RUG Wght Options:				1.1313	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$24,127,338	\$9,766,596	\$0	\$2,369,012	\$1,478,875	\$2,256,357	\$3,748,064		\$4,508,434	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,931)	(\$2,677)	\$0	\$0	(\$1,553)	(\$2,370)	(\$130,331)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$130,331		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,120,738	\$9,763,919	\$0	\$2,369,012	\$1,477,322	\$2,253,987	\$3,617,733	\$130,331	\$4,508,434	\$0
8	Total Nursing Facility Days	As Filed Days = 42,862 FY21 Audited C/R Days	42,862									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,862 FY21 GL-PL Ins Rpt Days								42,862		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$562.74	\$227.80	\$0.00	\$55.27	\$87.05	(with L&H)	\$84.40	\$3.04	\$105.18	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.0836								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$210.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$210.23	\$0.00	\$55.27	\$87.05		\$84.40	\$3.04	\$105.18	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.48	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$3.04	10.30 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$220.48	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1313								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.59	\$112.93	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52								
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	\$7.34	\$7.34	\$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	\$240.93	\$120.27	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.70									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE LODGE Prvdr ID: 00142381A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hours per On-Site Day/Quality Incentive: 4.75				N/A	0.00% 1.0% 3.0%	Base Period Overall CMI: 1.8976 Quarterly Medicaid CMI: 1.8418 Qtrly Mcaid CMI w RUG Wght Options: 1.8771				1.8976 1.8418 1.8771	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,467,748	\$2,883,610	\$0	\$564,763	\$761,176	\$0	\$1,120,692		\$137,507	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,200)	(\$13,947)	\$0	\$0	\$0	\$0	(\$156,782)		(\$3,471)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$148,646			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,471	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,445,665	\$2,869,663	\$0	\$564,763	\$761,176	\$0	\$963,910	\$148,646	\$134,036	\$3,471	
8	Total Nursing Facility Days As Filed Days = 21,311	FY21 Audited C/R Days	21,311										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,311	FY21 GL-PL Ins Rpt Days								21,311			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.54	\$134.66	\$0.00	\$26.50	\$35.72	(with L&H)	\$45.23	\$6.98	\$6.29	\$0.16	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8976									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.96									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.96	\$0.00	\$26.50	\$35.72		\$45.23	\$6.98	\$6.29	\$0.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.02	\$70.96	\$0.00	\$26.50	\$33.28		\$36.91	\$6.98	34.23 (FRV)	\$0.16	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.02	\$70.96	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8771									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.26	\$133.20	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.00	\$4.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.86	\$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	\$294.44	\$139.06	\$0.00	\$26.72	\$33.28	\$0.00	\$54.01	\$6.98	\$34.23	\$0.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.01										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PELHAM PARKWAY NURSING HM Prvdr ID: 00142425A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 31.82% Nurse Hours per On-Site Day/Quality Incentive: 3.36				N/A	0.00% 2.5% 3.0%	Base Period Overall CMI: 1.1494 Quarterly Medicaid CMI: 1.0969 Qtrly Mcaid CMI w RUG Wght Options: 1.1111				1.1494 1.0969 1.1111	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,891,809	\$4,566,493	\$0	\$946,633	\$576,683	\$828,394	\$1,403,395		\$570,211	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$52,542)	\$0	\$0	\$0	\$0	\$0	(\$39,254)		(\$13,288)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$39,254			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,288	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,891,809	\$4,566,493	\$0	\$946,633	\$576,683	\$828,394	\$1,364,141	\$39,254	\$556,923	\$13,288	
8	Total Nursing Facility Days	As Filed Days = 35,116 FY21 Audited C/R Days	35,116										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,116 FY21 GL-PL Ins Rpt Days								35,116			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.22	\$130.04	\$0.00	\$26.96	\$40.01	(with L&H)	\$38.85	\$1.12	\$15.86	\$0.38	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1494									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.13									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.13	\$0.00	\$26.96	\$40.01		\$38.85	\$1.12	\$15.86	\$0.38	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.68	\$99.82	\$0.00	\$26.96	\$33.28		\$36.91	\$1.12	13.21 (FRV)	\$0.38	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.68	\$99.82	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$13.21	\$0.38	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1111									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.77	\$110.91	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$13.21	\$0.38	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33									
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	\$23.42	\$6.10	\$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	\$246.19	\$117.01	\$0.00	\$27.18	\$33.28	\$0.00	\$54.01	\$1.12	\$13.21	\$0.38	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.82										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - JASPER Prvdr ID: 00142436A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 22.45% Nurse Hours per On-Site Day/Quality Incentive: 3.73				N/A	0.00% 1.0% 6.0%	Base Period Overall CMI: 1.6379 Quarterly Medicaid CMI: 1.5978 Qtrly Mcaid CMI w RUG Wght Options: 1.6294				1.6379 1.5978 1.6294	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,438,050	\$2,274,309	\$0	\$354,292	\$517,467	\$0	\$921,246		\$370,736	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,470)	(\$89,390)	\$0	\$0	\$1,222	\$319	(\$183,858)		(\$36,763)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$258,122			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,314	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,399,016	\$2,184,919	\$0	\$354,292	\$518,689	\$319	\$737,388	\$258,122	\$333,973	\$11,314	
8	Total Nursing Facility Days	As Filed Days = 17,241 FY21 Audited C/R Days	17,241										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,241 FY21 GL-PL Ins Rpt Days								17,241			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.15	\$126.73	\$0.00	\$20.55	\$30.10	(with L&H)	\$42.77	\$14.97	\$19.37	\$0.66	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6379									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.37									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.37	\$0.00	\$20.55	\$30.10		\$42.77	\$14.97	\$19.37	\$0.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.12	\$77.37	\$0.00	\$20.55	\$30.10		\$36.91	\$14.97	16.56 (FRV)	\$0.66	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.12	\$77.37	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$0.66	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6294									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.82	\$126.07	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.56	\$7.56									
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	\$27.08	\$9.35	\$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	\$272.90	\$135.42	\$0.00	\$20.77	\$30.51	\$0.00	\$54.01	\$14.97	\$16.56	\$0.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.85										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARBORVIEW PIERCE COUNTY		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142447A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.6817	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	26.32%	Quarterly Medicaid CMI:				1.8617	1.5932	
					3.94	Qtrly Mcaid CMI w RUG Wght Options:				1.8979	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,266,768	\$2,580,529	\$0	\$418,018	\$566,810	\$0	\$808,783		\$892,628	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$173,608)	\$22,407	\$0	(\$3,990)	\$0	\$3,990	(\$96,314)		(\$99,701)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,429		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$109,872
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,295,461	\$2,602,936	\$0	\$414,028	\$566,810	\$3,990	\$712,469	\$92,429	\$792,927	\$109,872
8	Total Nursing Facility Days	As Filed Days = 21,606 FY21 Audited C/R Days	21,606									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,606 FY21 GL-PL Ins Rpt Days								21,606		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.10	\$120.47	\$0.00	\$19.16	\$26.42	(with L&H)	\$32.98	\$4.28	\$36.70	\$5.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6817								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.64	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	\$36.70	\$5.09
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.50	\$71.64	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	17.93 (FRV)	\$5.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.50	\$71.64	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8979								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.83	\$135.97	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.08	\$4.08								
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	\$24.07	\$5.97	\$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	\$265.90	\$141.94	\$0.00	\$19.38	\$26.83	\$0.00	\$50.45	\$4.28	\$17.93	\$5.09
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 FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PINE KNOLL NURSING & REHAB CTR Prvdr ID: 00142458A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7171	1.5751
							18.99%	0.0%					1.6549	1.5932
							3.00	3.0%					1.6853	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,370,049		\$825,733	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$53,813)	\$0	\$0	\$0	\$0	\$0	(\$12,462)		(\$41,351)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,462				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,351		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,357,587	\$12,462	\$784,382	\$41,351		
8	Total Nursing Facility Days	FY21 Audited C/R Days	34,574											
	As Filed Days = 34,574													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								34,574				
	As Filed Days = 34,574													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.25	\$108.21	\$0.00	\$18.62	\$17.90	(with L&H)	\$39.27	\$0.36	\$22.69	\$1.20		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7171										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.02										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.02	\$0.00	\$18.62	\$17.90		\$39.27	\$0.36	\$22.69	\$1.20		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.70	\$63.02	\$0.00	\$18.62	\$17.90		\$36.91	\$0.36	8.69 (FRV)	\$1.20		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.70	\$63.02	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6853										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.21										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.89	\$106.21	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$211.34	\$109.93	\$0.00	\$18.84	\$18.31	\$0.00	\$54.01	\$0.36	\$8.69	\$1.20		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.68											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: CROSSVIEW CARE CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142502A		Growth Allowance:		N/A	0.00%	Base Period Overall CMI:				1.4045	1.5751	
Case Mix Per Diem Rate Effective Date: 4/1/2024		Qtrly BIMS score		31.82%	2.5%	Quarterly Medicaid CMI:				1.6964	1.5932	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		3.05	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7291	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,648,464	\$2,377,800	\$0	\$406,497	\$397,972	\$0	\$731,834		\$734,361	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,268)	\$0	\$0	\$0	(\$1,662)	(\$1,489)	(\$75,173)		(\$20,944)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,316		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,779
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,631,291	\$2,377,800	\$0	\$406,497	\$396,310	(\$1,489)	\$656,661	\$61,316	\$713,417	\$20,779
8	Total Nursing Facility Days	As Filed Days = 22,910 FY21 Audited C/R Days	22,910									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,910 FY21 GL-PL Ins Rpt Days								22,910		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.15	\$103.79	\$0.00	\$17.74	\$17.23	(with L&H)	\$28.66	\$2.68	\$31.14	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4045								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.90	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	\$31.14	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.73	\$73.90	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	8.61 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.73	\$73.90	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7291								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.61	\$127.78	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.38	\$6.28	\$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	\$227.99	\$134.06	\$0.00	\$17.96	\$17.64	\$0.00	\$46.13	\$2.68	\$8.61	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR Prvdr ID: 00142513A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
														N/A	0.00%	N/A	41.18%	4.36	3.0%	1.3147	1.5751	
																				1.6409	1.5932	
																				1.6718	1.6218	
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,543,206	\$2,418,769	\$0	\$917,767	\$310,979	\$294,695	\$1,159,264		\$441,732	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$69,429)	\$0	\$0	\$0	\$0	\$0	(\$50,456)		(\$18,973)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$50,456												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,973										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,543,206	\$2,418,769	\$0	\$917,767	\$310,979	\$294,695	\$1,108,808	\$50,456	\$422,759	\$18,973										
8	Total Nursing Facility Days	As Filed Days = 26,672 FY21 Audited C/R Days	26,672																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,672 FY21 GL-PL Ins Rpt Days								26,672												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.83	\$90.69	\$0.00	\$34.41	\$22.71	(with L&H)	\$41.57	\$1.89	\$15.85	\$0.71										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3147																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.98																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.98	\$0.00	\$34.41	\$22.71		\$41.57	\$1.89	\$15.85	\$0.71										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.56	\$68.98	\$0.00	\$34.41	\$22.71		\$36.91	\$1.89	9.95 (FRV)	\$0.71										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$68.98	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6718																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.32																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.90	\$115.32	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.60	\$6.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.50	\$122.19	\$0.00	\$34.63	\$23.12	\$0.00	\$54.01	\$1.89	\$9.95	\$0.71										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.05																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: LILLIAN G CARTER HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142524A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6362	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	58.14%	5.5%	Quarterly Medicaid CMI:			1.6123	1.5932
							3.86	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6413	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,673,939	\$3,167,559	\$0	\$506,123	\$577,514	\$0	\$898,852		\$523,891	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$152,551)	(\$3,158)	\$0	(\$774)	\$0	(\$541)	(\$115,510)		(\$32,568)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,950			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,568	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,659,906	\$3,164,401	\$0	\$505,349	\$577,514	(\$541)	\$783,342	\$105,950	\$491,323	\$32,568	
8	Total Nursing Facility Days As Filed Days = 27,064	FY21 Audited C/R Days	27,064										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,064	FY21 GL-PL Ins Rpt Days								27,064			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.11	\$116.92	\$0.00	\$18.67	\$21.32	(with L&H)	\$28.94	\$3.91	\$18.15	\$1.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6362									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.46									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.46	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	\$18.15	\$1.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.18	\$71.46	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	10.68 (FRV)	\$1.20	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.18	\$71.46	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6413									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.01	\$117.29	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.45	\$6.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35									
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	\$27.43	\$9.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.44	\$126.62	\$0.00	\$18.89	\$21.73	\$0.00	\$46.41	\$3.91	\$10.68	\$1.20	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.26										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: THE PLACE AT MARTINEZ Prvdr ID: 00142535A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 21.15% Nurse Hours per On-Site Day/Quality Incentive: 4.19				N/A	0.00% 1.0% 3.0%	Base Period Overall CMI: 1.3968 Quarterly Medicaid CMI: 1.2934 Qtrly Mcaid CMI w RUG Wght Options: 1.3135				1.3968 1.2934 1.3135	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,553,835	\$2,955,002	\$0	\$515,467	\$478,603	\$0	\$1,166,332		\$438,431	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$552,500)	(\$4,249)	\$0	\$0	(\$532)	(\$621)	(\$457,619)		(\$89,479)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$407,626			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$89,264	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,498,225	\$2,950,753	\$0	\$515,467	\$478,071	(\$621)	\$708,713	\$407,626	\$348,952	\$89,264	
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,683										
	As Filed Days = 22,683												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,683			
	As Filed Days = 22,683												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.39	\$130.09	\$0.00	\$22.72	\$21.05	(with L&H)	\$31.24	\$17.97	\$15.38	\$3.94	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3968									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.13									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.13	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	\$15.38	\$3.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.38	\$93.13	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	11.33 (FRV)	\$3.94	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.38	\$93.13	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3135									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.58	\$122.33	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$254.10	\$127.75	\$0.00	\$22.94	\$21.46	\$0.00	\$48.71	\$17.97	\$11.33	\$3.94	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.75										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PLEASANT VIEW NURSING CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142546A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3261	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.59%	1.0%	Quarterly Medicaid CMI:			1.5053	1.5932
							2.44	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5328	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,876,385	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$1,054,581		\$623,462	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$159,905)	\$0	\$0	\$0	\$0	\$0	(\$103,136)		(\$56,769)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,018			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,769	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,853,267	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$951,445	\$80,018	\$566,693	\$56,769	
8	Total Nursing Facility Days	FY21 Audited C/R Days	38,223										
	As Filed Days = 38,223												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								38,223			
	As Filed Days = 38,223												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$153.14	\$80.61	\$0.00	\$12.53	\$16.70	(with L&H)	\$24.89	\$2.09	\$14.83	\$1.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3261									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.79									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.79	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	\$14.83	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.18	\$60.79	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	9.69 (FRV)	\$1.49	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.18	\$60.79	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5328									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.57	\$93.18	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.42	\$3.32	\$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	\$181.99	\$96.50	\$0.00	\$12.75	\$17.11	\$0.00	\$42.36	\$2.09	\$9.69	\$1.49	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.67										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: CEDAR VALLEY NSG & REHAB CTR Prvdr ID: 00142557A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6292	1.5751
							35.19%	2.5%					1.3538	1.5932
							2.82	3.0%					1.3745	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,501,761	\$2,628,706	\$0	\$519,462	\$525,174	\$0	\$1,077,078		\$751,341	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$45,855)	(\$81,570)	\$0	(\$14,056)	\$0	\$14,056	\$71,355		(\$35,640)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$10,215				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,640		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,501,761	\$2,547,136	\$0	\$505,406	\$525,174	\$14,056	\$1,148,433	\$10,215	\$715,701	\$35,640		
8	Total Nursing Facility Days	FY21 Audited C/R Days		27,936										
	As Filed Days = 27,936													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								27,936				
	As Filed Days = 27,936													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.95	\$91.18	\$0.00	\$18.09	\$19.30	(with L&H)	\$41.11	\$0.37	\$25.62	\$1.28		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6292										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.97										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.97	\$0.00	\$18.09	\$19.30		\$41.11	\$0.37	\$25.62	\$1.28		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.83	\$55.97	\$0.00	\$18.09	\$19.30		\$36.91	\$0.37	9.91 (FRV)	\$1.28		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.83	\$55.97	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3745										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.93										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.79	\$76.93	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.92	\$1.92										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31										
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	\$22.49	\$4.76	\$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	\$185.28	\$81.69	\$0.00	\$18.31	\$19.71	\$0.00	\$54.01	\$0.37	\$9.91	\$1.28		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.14											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRESBYTERIAN HOME, QUITMAN, IN Prvdr ID: 00142579A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3755	1.5751		
				Qtrly BIMS score	44.80%	2.5%	Quarterly Medicaid CMI:			1.3711	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	4.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3925	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,239,689	\$7,021,129	\$0	\$1,689,522	\$1,508,200	\$0	\$2,274,227		\$746,611	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$100,742)	\$0	\$0	\$0	\$0	\$0	(\$71,846)		(\$28,896)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,151			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,896	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,267,994	\$7,021,129	\$0	\$1,689,522	\$1,508,200	\$0	\$2,202,381	\$100,151	\$717,715	\$28,896	
8	Total Nursing Facility Days As Filed Days = 59,903	FY21 Audited C/R Days	59,903										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 59,903	FY21 GL-PL Ins Rpt Days								59,903			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.49	\$117.21	\$0.00	\$28.20	\$25.18	(with L&H)	\$36.77	\$1.67	\$11.98	\$0.48	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3755									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.21									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.21	\$0.00	\$28.20	\$25.18		\$36.77	\$1.67	\$11.98	\$0.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.07	\$85.21	\$0.00	\$26.82	\$25.18		\$36.77	\$1.67	18.94 (FRV)	\$0.48	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.07	\$85.21	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3925									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.51	\$118.65	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.04	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56									
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	\$7.57	\$7.06	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.08	\$125.71	\$0.00	\$26.82	\$25.59	\$0.00	\$36.87	\$1.67	\$18.94	\$0.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.06										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: BRYANT HEALTH AND REHABILITATION CENTER Prvdr ID: 00142601A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													N/A	0.00%	1.5157	1.5751								
													21.57%	1.0%	1.7099	1.5932								
													2.51	3.0%	1.7437	1.6218								
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i		
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
Peer Group Standards & Efficiency Measure Limits																								
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,225,762	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$855,900		\$720,199	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$400,121)	\$0	\$0	\$0	\$0	\$0	(\$371,520)		(\$28,601)													
As Filed Cost Center Costs (GL/PL)																			\$95,751					
As Filed Cost Center Costs (Taxes and Insurance)																							\$28,601	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,949,993	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$484,380	\$95,751	\$691,598	\$28,601												
8	Total Nursing Facility Days	FY21 Audited C/R Days	20,952	20,952																				
As Filed Days = 20,952																								
Total Nursing Facility Days GL-PL Ins. Rpt																				20,952				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.54	\$90.78	\$0.00	\$15.87	\$19.82	(with L&H)	\$23.12	\$4.57	\$33.01	\$1.37												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5157																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.89																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.89	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	\$33.01	\$1.37												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.32	\$59.89	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	9.68	\$1.37												
(FRV)																								
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.32	\$59.89	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7437																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.43																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.86	\$104.43	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.80	\$4.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.66	\$109.13	\$0.00	\$16.09	\$20.23	\$0.00	\$40.59	\$4.57	\$9.68	\$1.37												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.42																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PROVIDENCE HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142612A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4734	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.67%	2.5%	Quarterly Medicaid CMI:			1.4862	1.5932
							2.60	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5115	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,420,119	\$2,642,259	\$0	\$461,992	\$525,857	\$0	\$892,338		\$897,673	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$150,658)	\$0	\$0	\$0	(\$1,610)	(\$1,576)	(\$127,708)		(\$19,764)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,694			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,644	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,399,799	\$2,642,259	\$0	\$461,992	\$524,247	(\$1,576)	\$764,630	\$110,694	\$877,909	\$19,644	
8	Total Nursing Facility Days	As Filed Days = 25,628											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,628								25,628			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.71	\$103.10	\$0.00	\$18.03	\$20.39	(with L&H)	\$29.84	\$4.32	\$34.26	\$0.77	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4734									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.97									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.97	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	\$34.26	\$0.77	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.07	\$69.97	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	8.75 (FRV)	\$0.77	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.07	\$69.97	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5115									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.86	\$105.76	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12									
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	\$23.39	\$5.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.25	\$111.05	\$0.00	\$18.25	\$20.80	\$0.00	\$47.31	\$4.32	\$8.75	\$0.77	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.61										

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Providence HC Sparta				Facility Score	Add-on Percent					Facility Specific	State-wide
Prvdr ID: 00142623A				Growth Allowance:	0.00%					1.5528	1.3617
H/B ? : No				BIMS	12.2%	0.0%				1.5485	1.5138
	Case Mix Per Diem Rate Effective Date:	04/01/24		Nurse Hours per On-Site Day/Quality Incentive:	2.82	2.0%				1.5775	1.5405
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/23									

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
	Type of Facility within Peer Group			1	1	2	1	1	1			
	Bed Size Range within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	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	2020	FY2020 C/R - FY 2020 GL-PL Rpt	1,764,172		381,955	403,459	(5,910)	712,778	56,970	502,948	29,364
	Inflation (July 2012) @	4.30%		75,859		16,424	17,095		30,649			1,263
	Patient Days		FY 2020 Cost Rpt	19,899		19,899	19,899		19,899		19,899	19,899
	Total Nursing Facility Days GL-PL Ins. Rpt		FY 20 GL-PL Ins Rpt Days							19,899		
	Inflated NHC/ Patient Days			92.47		20.02	20.84		37.36	2.86	25.28	1.54
	Base Period Facility CMI for all Residents			1.5528								
	Routine Services Case Mix Adjusted Net Per Diem			\$59.55		\$20.02	\$20.84		\$37.36	\$2.86	\$25.28	1.54
	Net Per Diems After Case Mix Adjustments			\$167.44		\$26.82	\$33.28		\$36.91			
	Per Diem Standards			\$99.82		\$20.02	\$20.84		\$36.91	\$2.86	9.79	1.54
	Base Period Case Mix Adjusted Allowed Per Diem			\$151.51		\$20.02	\$20.84		\$36.91	\$2.86		
Quarterly Per Diem Rate Prior to Add-Ons												
	Growth Allowance	0.00%		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		(FRV Rate)	
	CMA Allowed Per Diem After Growth Allowance			\$151.51	\$59.55	\$20.02	\$20.84		\$36.91	\$2.86	\$9.79	\$1.54
	Quarterly Facility Case Mix Index for Medicaid Residents				1.5775							
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$93.94							
	Quarterly Medicaid CMA Allowed Per Diem			\$185.90	\$93.94	\$20.02	\$20.84		\$36.91	\$2.86	\$9.79	\$1.54
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 =	0.0%	(to Routine Srvs)	\$0.00	0.00							
	Nurse Staff Hrs / Quality Add-on Per Diem =	2.0%		\$1.88	1.88							
	Nursing Home Provider Fee			\$ 17.10					\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts			\$20.14								
	Quarterly Case Mix Based Per Diem Rate			\$206.04	\$96.35	\$20.24	\$21.25		\$54.01	\$2.86	\$9.79	\$1.54
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$141.71								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: GREENE POINT HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142634A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.3485	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	12.20%	Quarterly Medicaid CMI:				1.2578	1.5932	
					3.34	Qtrly Mcaid CMI w RUG Wght Options:				1.2771	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,659,957	\$1,949,398	\$0	\$342,213	\$467,011	\$0	\$612,486		\$288,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$78,315)	(\$1,768)	\$0	(\$433)	\$0	(\$363)	(\$58,195)		(\$17,556)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,845		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,556
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,652,043	\$1,947,630	\$0	\$341,780	\$467,011	(\$363)	\$554,291	\$52,845	\$271,293	\$17,556
8	Total Nursing Facility Days	As Filed Days = 15,146 FY21 Audited C/R Days	15,146									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,146 FY21 GL-PL Ins Rpt Days								15,146		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.13	\$128.59	\$0.00	\$22.57	\$30.81	(with L&H)	\$36.60	\$3.49	\$17.91	\$1.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3485								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.35	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	\$17.91	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.01	\$95.35	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	13.03 (FRV)	\$1.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.01	\$95.35	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2771								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.43	\$121.77	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$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)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.09	\$6.09								
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	\$24.58	\$6.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.01	\$128.39	\$0.00	\$22.79	\$31.22	\$0.00	\$53.93	\$3.49	\$13.03	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.68									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Warrenton H&R				Facility Score	Add-on Percent			Facility Specific	State-wide
Pvdr ID: 00142645A				Growth Allowance:	0.00%		Base Period Overall CMI:	1.5528	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 04/01/24			BIMS	0.0%		Quarterly Medicaid CMI:	1.6337	1.5438
	MDS & Nurse Hrs Data per Quarter Ending: 12/31/23	Nurse Hours per On-Site Day/Quality Incentive:	3.48	3.0%		Qrtrly Mcaid CMI w RUG Wght Options:	1.6658	1.5713	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
FY2020 C/R - FY 2020 GL-PL Rpt												
Inflation (July 2021) @ 4.30%												
Patient Days												
FY 2020 Cost Rpt												
Total Nursing Facility Days GL-PL Ins. Rpt												
FY 20 GL-PL Ins Rpt Days												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.00%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 0.0% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance				
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		Property and Related			
			a	b	c	d	e	f	g	g	h	i			
Provider: ORCHARD HEALTH AND REHABILITATION Prvdr ID: 00142656A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 37.68% Nurse Hours per On-Site Day/Quality Incentive: 3.39				Add-on Percent: 0.00% 2.5% 5.0%				Facility Score: N/A 3.39		Facility Specific: 1.3150 1.3109 1.3324		State-wide: 1.5751 1.5932 1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,735,805	\$2,710,319	\$0	\$501,104	\$527,424	\$0	\$794,131		\$202,827	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,870)	(\$2,784)	\$0	(\$703)	\$3	(\$420)	(\$117,916)		(\$26,050)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,415					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,789			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,721,139	\$2,707,535	\$0	\$500,401	\$527,427	(\$420)	\$676,215	\$109,415	\$176,777	\$23,789			
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,741	24,741											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,741					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.83	\$109.44	\$0.00	\$20.23	\$21.30	(with L&H)	\$27.33	\$4.42	\$7.15	\$0.96			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3150											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.22											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.22	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	\$7.15	\$0.96			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.68	\$83.22	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	9.22 (FRV)	\$0.96			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.68	\$83.22	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3324											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.88											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.34	\$110.88	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$26.94	\$8.84	\$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	\$221.28	\$119.72	\$0.00	\$20.45	\$21.71	\$0.00	\$44.80	\$4.42	\$9.22	\$0.96			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.14												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142678A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7384	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.85%	2.5%	Quarterly Medicaid CMI:			1.5572	1.5932
							3.50	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5827	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,780,205	\$2,079,357	\$0	\$362,924	\$398,923	\$0	\$572,981		\$366,020	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,857)	(\$2,112)	\$0	(\$517)	\$0	(\$371)	(\$69,313)		(\$27,544)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,920			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,544	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,770,812	\$2,077,245	\$0	\$362,407	\$398,923	(\$371)	\$503,668	\$62,920	\$338,476	\$27,544	
8	Total Nursing Facility Days	As Filed Days = 18,097 FY21 Audited C/R Days	18,097										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,097 FY21 GL-PL Ins Rpt Days								18,097			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.36	\$114.78	\$0.00	\$20.03	\$22.02	(with L&H)	\$27.83	\$3.48	\$18.70	\$1.52	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7384									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.03	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	\$18.70	\$1.52	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.69	\$66.03	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	11.78 (FRV)	\$1.52	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.69	\$66.03	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5827									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.17	\$104.51	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.23	\$5.23									
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	\$26.47	\$8.37	\$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	\$217.64	\$112.88	\$0.00	\$20.25	\$22.43	\$0.00	\$45.30	\$3.48	\$11.78	\$1.52	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.41										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: JESUP HEALTH AND REHAB Prvdr ID: 00142689A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A Qtrly BIMS score: 22.22% Nurse Hours per On-Site Day/Quality Incentive: 3.60				Add-on Percent: 0.00% 1.0% 4.0%				Base Period Overall CMI: 1.9349 Quarterly Medicaid CMI: 2.0137 Qtrly Mcaid CMI w RUG Wght Options: 2.0530	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,652,609	\$1,659,123	\$0	\$329,656	\$440,513	\$0	\$857,163		\$366,154	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,232)	(\$6,302)	\$0	\$0	\$0	\$0	(\$18,068)		(\$17,862)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$16,669		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,862
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,644,908	\$1,652,821	\$0	\$329,656	\$440,513	\$0	\$839,095	\$16,669	\$348,292	\$17,862
8	Total Nursing Facility Days	FY21 Audited C/R Days		17,731								
	As Filed Days = 17,731											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,731		
	As Filed Days = 17,731											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.56	\$93.22	\$0.00	\$18.59	\$24.84	(with L&H)	\$47.32	\$0.94	\$19.64	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9349								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.18	\$0.00	\$18.59	\$24.84		\$47.32	\$0.94	\$19.64	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.41	\$48.18	\$0.00	\$18.59	\$24.84		\$36.91	\$0.94	7.94 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.41	\$48.18	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0530								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.14	\$98.91	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$23.21	\$5.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.35	\$104.39	\$0.00	\$18.81	\$25.25	\$0.00	\$54.01	\$0.94	\$7.94	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: COLQUITT REGIONAL SENIOR CARE & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142711A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5985	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.50%	0.0%	Quarterly Medicaid CMI:			1.6452	1.5932
							3.55	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6753	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,135,451	\$1,865,160	\$0	\$330,376	\$459,646	\$0	\$918,548		\$561,721	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$54,920)	(\$99,547)	\$0	\$0	\$0	\$1,050	\$94,873		(\$51,296)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$4,674			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,296	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,136,501	\$1,765,613	\$0	\$330,376	\$459,646	\$1,050	\$1,013,421	\$4,674	\$510,425	\$51,296	
8	Total Nursing Facility Days As Filed Days = 17,007	FY21 Audited C/R Days	17,007										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,007	FY21 GL-PL Ins Rpt Days								17,007			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.23	\$103.82	\$0.00	\$19.43	\$27.09	(with L&H)	\$59.59	\$0.27	\$30.01	\$3.02	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5985									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.95									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.95	\$0.00	\$19.43	\$27.09		\$59.59	\$0.27	\$30.01	\$3.02	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.14	\$64.95	\$0.00	\$19.43	\$27.09		\$36.91	\$0.27	18.47 (FRV)	\$3.02	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.14	\$64.95	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6753									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.81									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.00	\$108.81	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$3.79	\$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	\$235.52	\$112.60	\$0.00	\$19.65	\$27.50	\$0.00	\$54.01	\$0.27	\$18.47	\$3.02	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.82										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
Provider: BUCHANAN HEALTHCARE CENTER Prvdr ID: 00142722A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6817	1.5751	Qtrly BIMS score	30.00%	2.5%	Quarterly Medicaid CMI:	1.4000	1.5932	Nurse Hours per On-Site Day/Quality Incentive:	3.16	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4222	1.6218
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																					
Peer Group Standards & Efficiency Measure Limits																														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																					
Base Period Per Diem Allowed Amounts																														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,229,239	\$1,887,153	\$0	\$292,845	\$357,025	\$0	\$1,348,128		\$344,088	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$138,993)	(\$23,335)	\$0	\$0	\$0	\$0	(\$92,686)		(\$22,972)																			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,686																				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																	\$22,972											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,205,904	\$1,863,818	\$0	\$292,845	\$357,025	\$0	\$1,255,442	\$92,686	\$321,116	\$22,972																		
8	Total Nursing Facility Days	As Filed Days = 17,870																												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,870																												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.37	\$104.30	\$0.00	\$16.39	\$19.98	(with L&H)	\$70.25	\$5.19	\$17.97	\$1.29																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6817																										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.02																										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.02	\$0.00	\$16.39	\$19.98		\$70.25	\$5.19	\$17.97	\$1.29																		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.53	\$62.02	\$0.00	\$16.39	\$19.98		\$36.91	\$5.19	11.75 (FRV)	\$1.29																		
Quarterly Per Diem Rate Prior to Add-ons																														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.53	\$62.02	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4222																										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.20																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.71	\$88.20	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21																										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76																										
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	\$22.23	\$4.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00																		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.94	\$92.70	\$0.00	\$16.61	\$20.39	\$0.00	\$54.01	\$5.19	\$11.75	\$1.29																		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.63																											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: THE RETREAT Prvdr ID: 00142733A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 31.58% Nurse Hours per On-Site Day/Quality Incentive: 3.97				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall CMI: 1.1292 Quarterly Medicaid CMI: 1.0838 Qtrly Mcaid CMI w RUG Wght Options: 1.0971		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,631,443	\$2,548,680	\$0	\$780,988	\$217,448	\$274,882	\$591,372		\$218,073	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$15,820)	\$0	\$0	\$0	\$0	\$0	(\$15,820)		\$0				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,820					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,631,443	\$2,548,680	\$0	\$780,988	\$217,448	\$274,882	\$575,552	\$15,820	\$218,073	\$0			
8	Total Nursing Facility Days	As Filed Days = 19,704 FY21 Audited C/R Days		19,704											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,704 FY21 GL-PL Ins Rpt Days								19,704					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.06	\$129.35	\$0.00	\$39.64	\$24.99	(with L&H)	\$29.21	\$0.80	\$11.07	\$0.00			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1292											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$114.55											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$114.55	\$0.00	\$39.64	\$24.99		\$29.21	\$0.80	\$11.07	\$0.00			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.93	\$99.82	\$0.00	\$37.13	\$24.99		\$29.21	\$0.80	8.98 (FRV)	\$0.00			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.93	\$99.82	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$0.00			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0971											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.51											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.62	\$109.51	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$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)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29											
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	\$23.91	\$6.03	\$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	\$234.53	\$115.54	\$0.00	\$37.13	\$25.40	\$0.00	\$46.68	\$0.80	\$8.98	\$0.00			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.07												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: RIDGEWOOD MANOR HEALTH AND REHABILITATION Prvdr ID: 00142744A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 34.43% Nurse Hours per On-Site Day/Quality Incentive: 5.06			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.4897 Quarterly Medicaid CMI: 1.1544 Qtrly Mcaid CMI w RUG Wght Options: 1.1671			1.4897	1.5751	1.1544	1.5932	1.1671	1.6218
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
Peer Group Standards & Efficiency Measure Limits																											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,749,025	\$3,476,594	\$0	\$588,761	\$786,901	\$0	\$1,538,059		\$358,710	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$186,534)	(\$3,505)	\$0	\$6,897	(\$77,554)	(\$2,843)	(\$109,529)		\$0																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$51,996																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,318															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,624,805	\$3,473,089	\$0	\$595,658	\$709,347	(\$2,843)	\$1,428,530	\$51,996	\$358,710	\$10,318															
8	Total Nursing Facility Days	As Filed Days = 25,728 FY21 Audited C/R Days	25,728																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,728 FY21 GL-PL Ins Rpt Days								25,728																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.48	\$134.99	\$0.00	\$23.15	\$27.46	(with L&H)	\$55.52	\$2.02	\$13.94	\$0.40															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4897																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.61																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.61	\$0.00	\$23.15	\$27.46		\$55.52	\$2.02	\$13.94	\$0.40															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.41	\$90.61	\$0.00	\$23.15	\$27.46		\$36.91	\$2.02	9.86 (FRV)	\$0.40															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.41	\$90.61	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1671																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.75																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.55	\$105.75	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.07	\$6.34	\$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	\$229.62	\$112.09	\$0.00	\$23.37	\$27.87	\$0.00	\$54.01	\$2.02	\$9.86	\$0.40															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.39																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: HARBORVIEW SATILLA Prvdr ID: 00142755A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 8.20% Nurse Hours per On-Site Day/Quality Incentive: 3.33				N/A	0.00%	Base Period Overall CMI: 1.5907 Quarterly Medicaid CMI: 1.8125 Qtrly Mcaid CMI w RUG Wght Options: 1.8467				1.5907	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,162,906	\$2,952,579	\$0	\$505,108	\$643,549	\$0	\$1,213,931		\$847,739	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,360)	(\$69,707)	\$0	\$0	\$0	(\$3,513)	(\$69,489)		(\$49,651)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,917			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,651	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,184,114	\$2,882,872	\$0	\$505,108	\$643,549	(\$3,513)	\$1,144,442	\$138,917	\$798,088	\$74,651	
8	Total Nursing Facility Days	As Filed Days = 29,283 FY21 Audited C/R Days	29,283										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,283 FY21 GL-PL Ins Rpt Days								29,283			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.18	\$98.45	\$0.00	\$17.25	\$21.86	(with L&H)	\$39.08	\$4.74	\$27.25	\$2.55	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5907									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.89									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.89	\$0.00	\$17.25	\$21.86		\$39.08	\$4.74	\$27.25	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.81	\$61.89	\$0.00	\$17.25	\$21.86		\$36.91	\$4.74	13.61 (FRV)	\$2.55	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.81	\$61.89	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8467									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.21	\$114.29	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43									
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	\$21.69	\$3.96	\$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	\$232.90	\$118.25	\$0.00	\$17.47	\$22.27	\$0.00	\$54.01	\$4.74	\$13.61	\$2.55	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.85										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: ETOWAH LANDING Prvdr ID: 00142766A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6091	1.5751
							27.27%	1.0%					1.9363	1.5932
							2.65	3.0%					1.9749	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,812,108	\$3,125,360	\$0	\$537,422	\$483,015	\$0	\$1,085,883		\$580,428	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$259,081)	(\$41,934)	\$0	\$0	(\$4,642)	(\$5,467)	(\$158,714)		(\$48,324)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,141				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,314		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,807,482	\$3,083,426	\$0	\$537,422	\$478,373	(\$5,467)	\$927,169	\$207,141	\$532,104	\$47,314		
8	Total Nursing Facility Days As Filed Days = 29,460	FY21 Audited C/R Days	29,460											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,460	FY21 GL-PL Ins Rpt Days								29,460				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.12	\$104.66	\$0.00	\$18.24	\$16.05	(with L&H)	\$31.47	\$7.03	\$18.06	\$1.61		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6091										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.04										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.04	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	\$18.06	\$1.61		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$65.04	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	9.17 (FRV)	\$1.61		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.61	\$65.04	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9749										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.45										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.02	\$128.45	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85										
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	\$23.76	\$5.66	\$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	\$235.78	\$134.11	\$0.00	\$18.46	\$16.46	\$0.00	\$48.94	\$7.03	\$9.17	\$1.61		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.01											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: ROBERTA HEALTH AND REHAB Prvdr ID: 00142777A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 48.21% Nurse Hours per On-Site Day/Quality Incentive: 3.63			Facility Score: N/A Add-on Percent: 0.00% 5.5% 3.0%			Base Period Overall CMI: 1.7508 Quarterly Medicaid CMI: 1.7100 Qtrly Mcaid CMI w RUG Wght Options: 1.7420			1.7508	1.5751	1.7100	1.5932	1.7420	1.6218
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,984,403	\$1,898,551	\$0	\$338,555	\$447,229	\$0	\$1,570,690		\$729,378	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$114,175)	(\$11,911)	\$0	\$0	\$0	\$0	(\$44,529)		(\$57,735)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,750																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,735															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,971,713	\$1,886,640	\$0	\$338,555	\$447,229	\$0	\$1,526,161	\$43,750	\$671,643	\$57,735															
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,018																								
	As Filed Days = 26,018																										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,018																	
	As Filed Days = 26,018																										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.08	\$72.51	\$0.00	\$13.01	\$17.19	(with L&H)	\$58.66	\$1.68	\$25.81	\$2.22															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7508																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.42																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$41.42	\$0.00	\$13.01	\$17.19		\$58.66	\$1.68	\$25.81	\$2.22															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.43	\$41.42	\$0.00	\$13.01	\$17.19		\$36.91	\$1.68	8.00 (FRV)	\$2.22															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.43	\$41.42	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7420																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.15																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.16	\$72.15	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00																
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.97	\$3.97																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16																							
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	\$24.39	\$6.66	\$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	\$175.55	\$78.81	\$0.00	\$13.23	\$17.60	\$0.00	\$54.01	\$1.68	\$8.00	\$2.22															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.84																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: TWIN FOUNTAINS HOME Prvdr ID: 00142843A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1498	1.5751		
				Qtrly BIMS score	36.36%	2.5%	Quarterly Medicaid CMI:			1.0707	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	3.20	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0829	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,651,958	\$3,278,054	\$0	\$985,932	\$911,253	\$763,262	\$4,809,955		\$903,502	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$29,519)	\$286	\$0	\$751	\$368	\$444	(\$48,245)		\$16,877		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,751			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,672,190	\$3,278,340	\$0	\$986,683	\$911,621	\$763,706	\$4,761,710	\$49,751	\$920,379	\$0	
8	Total Nursing Facility Days	As Filed Days = 29,430 FY21 Audited C/R Days	29,430										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,430 FY21 GL-PL Ins Rpt Days								29,430			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$396.61	\$111.39	\$0.00	\$33.53	\$56.93	(with L&H)	\$161.80	\$1.69	\$31.27	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1498									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.88									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.88	\$0.00	\$33.53	\$56.93		\$161.80	\$1.69	\$31.27	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.12	\$96.88	\$0.00	\$33.53	\$33.28		\$36.91	\$1.69	11.83 (FRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.12	\$96.88	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0829									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.15	\$104.91	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$6.30	\$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	\$245.77	\$111.21	\$0.00	\$33.75	\$33.28	\$0.00	\$54.01	\$1.69	\$11.83	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.50										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WINDER HEALTH CARE & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142854A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4126	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.86%	0.0%	Quarterly Medicaid CMI:			2.0536	1.5932
							2.81	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0945	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,547,221	\$4,109,196	\$0	\$1,037,149	\$893,672	\$0	\$1,105,363		\$401,841	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$313,394)	(\$17,611)	\$0	(\$791)	\$0	\$5,374	(\$246,193)		(\$54,173)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$175,294			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$54,173	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,463,294	\$4,091,585	\$0	\$1,036,358	\$893,672	\$5,374	\$859,170	\$175,294	\$347,668	\$54,173	
8	Total Nursing Facility Days	As Filed Days = 39,368 FY21 Audited C/R Days	39,368										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,368 FY21 GL-PL Ins Rpt Days								39,368			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.57	\$103.93	\$0.00	\$26.32	\$22.84	(with L&H)	\$21.82	\$4.45	\$8.83	\$1.38	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4126									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.57									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.57	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	\$8.83	\$1.38	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.20	\$73.57	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	12.82 (FRV)	\$1.38	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.20	\$73.57	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0945									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.72	\$154.09	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.15	\$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	\$266.97	\$159.24	\$0.00	\$26.54	\$23.25	\$0.00	\$39.29	\$4.45	\$12.82	\$1.38	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.40										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DADE HEALTH AND REHAB Prvdr ID: 00142865A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 36.67% Nurse Hours per On-Site Day/Quality Incentive: 3.89				N/A	0.00% 2.5% 3.0%	Base Period Overall CMI: 1.7828 Quarterly Medicaid CMI: 1.7129 Qtrly Mcaid CMI w RUG Wght Options: 1.7462			1.7828 1.7129 1.7462	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,707,714	\$2,126,507	\$0	\$321,927	\$405,828	\$0	\$558,642		\$294,810	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$89,779)	\$6,411	\$0	\$0	\$957	(\$5,067)	(\$84,418)		(\$7,662)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,492		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,789
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,739,216	\$2,132,918	\$0	\$321,927	\$406,785	(\$5,067)	\$474,224	\$110,492	\$287,148	\$10,789
8	Total Nursing Facility Days	As Filed Days = 16,805 FY21 Audited C/R Days	16,805									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,805 FY21 GL-PL Ins Rpt Days								16,805		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.50	\$126.92	\$0.00	\$19.16	\$23.90	(with L&H)	\$28.22	\$6.57	\$17.09	\$0.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7828								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.19	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	\$17.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.58	\$71.19	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	9.90 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.58	\$71.19	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7462								
18	Qtrly Routine Srvc 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	\$212.70	\$124.31	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$25.47	\$7.37	\$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	\$238.17	\$131.68	\$0.00	\$19.38	\$24.31	\$0.00	\$45.69	\$6.57	\$9.90	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.80									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SAVANNAH BEACH HEALTH AND REHAB Prvdr ID: 00142876A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hours per On-Site Day/Quality Incentive: 2.70				0.00%	2.5%	Base Period Overall CMI: 1.4441 Quarterly Medicaid CMI: 1.5975 Qtrly Mcaid CMI w RUG Wght Options: 1.6291			1.4441	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,891,420	\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$376,869		\$420,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,623)	\$0	\$0	\$0	\$0	\$0	(\$47,254)		(\$52,369)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,639		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,369
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,887,805	\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$329,615	\$43,639	\$368,416	\$52,369
8	Total Nursing Facility Days As Filed Days = 14,564	FY21 Audited C/R Days	14,564									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,564	FY21 GL-PL Ins Rpt Days								14,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.29	\$101.37	\$0.00	\$15.31	\$27.08	(with L&H)	\$22.63	\$3.00	\$25.30	\$3.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4441								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.19	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	\$25.30	\$3.60
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.46	\$70.19	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	11.65 (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	\$153.46	\$70.19	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6291								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.62	\$114.35	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
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	\$24.92	\$6.82	\$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	\$222.54	\$121.17	\$0.00	\$15.53	\$27.49	\$0.00	\$40.10	\$3.00	\$11.65	\$3.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SEARS MANOR NURSING HOME Prvdr ID: 00142898A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 30.77% Nurse Hours per On-Site Day/Quality Incentive: 4.71				N/A	0.00% 2.5% 5.0%	Base Period Overall CMI: 1.5524 Quarterly Medicaid CMI: 1.4622 Qtrly Mcaid CMI w RUG Wght Options: 1.4879				1.5524 1.4622 1.4879	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,791,321	\$3,374,723	\$0	\$630,503	\$630,862	\$0	\$808,806		\$346,427	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$138,929)	\$0	\$0	\$0	\$0	\$0	(\$86,191)		(\$52,738)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,191			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,738	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,791,321	\$3,374,723	\$0	\$630,503	\$630,862	\$0	\$722,615	\$86,191	\$293,689	\$52,738	
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,338										
	As Filed Days = 22,338												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,338			
	As Filed Days = 22,338												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.27	\$151.08	\$0.00	\$28.23	\$28.24	(with L&H)	\$32.35	\$3.86	\$13.15	\$2.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5524									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.32									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.32	\$0.00	\$28.23	\$28.24		\$32.35	\$3.86	\$13.15	\$2.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.84	\$97.32	\$0.00	\$26.82	\$28.24		\$32.35	\$3.86	10.89 (FRV)	\$2.36	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.84	\$97.32	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4879									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.80									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.32	\$144.80	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.62	\$3.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$29.27	\$11.39	\$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	\$278.59	\$156.19	\$0.00	\$26.82	\$28.65	\$0.00	\$49.82	\$3.86	\$10.89	\$2.36	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.12										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SEMINOLE MANOR NURSING HOME Prvdr ID: 00142909A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 22.00% Nurse Hours per On-Site Day/Quality Incentive: 3.81				N/A	0.00% 1.0% 3.0%	Base Period Overall CMI: 1.1176 Quarterly Medicaid CMI: 1.0474 Qtrly Mcaid CMI w RUG Wght Options: 1.0619			1.1176 1.0474 1.0619	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,203,111	\$2,434,399	\$0	\$778,624	\$504,059	\$452,688	\$635,869		\$397,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,211)	\$0	\$0	\$0	(\$9,295)	(\$8,348)	(\$11,038)		(\$13,530)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$11,038		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,280
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,185,218	\$2,434,399	\$0	\$778,624	\$494,764	\$444,340	\$624,831	\$11,038	\$383,942	\$13,280
8	Total Nursing Facility Days	As Filed Days = 20,968 FY21 Audited C/R Days	20,968									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,968 FY21 GL-PL Ins Rpt Days								20,968		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.29	\$116.10	\$0.00	\$37.13	\$44.79	(with L&H)	\$29.80	\$0.53	\$18.31	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1176								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.88	\$0.00	\$37.13	\$44.79		\$29.80	\$0.53	\$18.31	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.37	\$99.82	\$0.00	\$37.13	\$33.28		\$29.80	\$0.53	10.18 (FRV)	\$0.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.37	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0619								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.55	\$106.00	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$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)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$4.24	\$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	\$239.26	\$110.24	\$0.00	\$37.13	\$33.28	\$0.00	\$47.27	\$0.53	\$10.18	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: VISTA PARK HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142931A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5257	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	35.14%	Quarterly Medicaid CMI:				1.3170	1.5932	
					4.31	Qtrly Mcaid CMI w RUG Wght Options:				1.3374	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,541,806	\$4,273,183	\$0	\$850,820	\$827,728	\$0	\$1,445,290		\$1,144,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$316,410)	(\$4,832)	\$0	(\$1,183)	\$0	(\$1,236)	(\$248,192)		(\$60,967)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$174,720		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,967
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,461,083	\$4,268,351	\$0	\$849,637	\$827,728	(\$1,236)	\$1,197,098	\$174,720	\$1,083,818	\$60,967
8	Total Nursing Facility Days	As Filed Days = 41,410 FY21 Audited C/R Days	41,410									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,410 FY21 GL-PL Ins Rpt Days								41,410		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.33	\$103.08	\$0.00	\$20.52	\$19.96	(with L&H)	\$28.91	\$4.22	\$26.17	\$1.47
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5257								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.56	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	\$26.17	\$1.47
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.13	\$67.56	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	21.49 (FRV)	\$1.47
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.13	\$67.56	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3374								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.92	\$90.35	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$25.41	\$7.31	\$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	\$212.33	\$97.66	\$0.00	\$20.74	\$20.37	\$0.00	\$46.38	\$4.22	\$21.49	\$1.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSS MEMORIAL HEALTH CARE CTR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142942A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.3827	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	45.00%	Quarterly Medicaid CMI:				1.6248	1.5932	
					2.79	Qtrly Mcaid CMI w RUG Wght Options:				1.6558	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,265,968	\$3,784,863	\$0	\$666,840	\$807,743	\$0	\$692,761		\$313,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$199,732)	(\$34,745)	\$0	\$0	\$0	\$0	(\$73,619)		(\$91,368)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,353		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$91,368
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,217,957	\$3,750,118	\$0	\$666,840	\$807,743	\$0	\$619,142	\$60,353	\$222,393	\$91,368
8	Total Nursing Facility Days	As Filed Days = 24,946 FY21 Audited C/R Days	24,946									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,946 FY21 GL-PL Ins Rpt Days								24,946		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.25	\$150.33	\$0.00	\$26.73	\$32.38	(with L&H)	\$24.82	\$2.42	\$8.91	\$3.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3827								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.72	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	\$8.91	\$3.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.52	\$99.82	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	13.69 (FRV)	\$3.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.52	\$99.82	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6558								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$165.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.98	\$165.28	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.85	\$0.00	\$0.00	\$0.07	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$9.09	\$9.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.35	\$12.40	\$0.00	\$0.07	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$299.33	\$177.68	\$0.00	\$26.80	\$32.79	\$0.00	\$42.29	\$2.42	\$13.69	\$3.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.67									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SHEPHERD HILLS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142964A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4379	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.18%	1.0%	Quarterly Medicaid CMI:			1.5387	1.5932
							3.26	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5666	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,948,476	\$3,897,971	\$0	\$592,947	\$875,413	\$0	\$1,350,872		\$231,273	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$543,178)	(\$114,484)	\$0	\$0	\$0	\$534	(\$375,162)		(\$54,066)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$486,905			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,049	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,939,252	\$3,783,487	\$0	\$592,947	\$875,413	\$534	\$975,710	\$486,905	\$177,207	\$47,049	
8	Total Nursing Facility Days As Filed Days = 34,759	FY21 Audited C/R Days	34,759										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,759	FY21 GL-PL Ins Rpt Days								34,759			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.64	\$108.85	\$0.00	\$17.06	\$25.20	(with L&H)	\$28.07	\$14.01	\$5.10	\$1.35	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4379									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.70									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.70	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	\$5.10	\$1.35	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.92	\$75.70	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	8.53 (FRV)	\$1.35	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.92	\$75.70	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5666									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.81	\$118.59	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$25.75	\$7.65	\$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	\$238.56	\$126.24	\$0.00	\$17.28	\$25.61	\$0.00	\$45.54	\$14.01	\$8.53	\$1.35	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.10										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: GOLD CITY HEALTH AND REHAB Prvdr ID: 00142975A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6995	1.5751
							32.84%	2.5%					1.6559	1.5932
							2.83	2.0%					1.6859	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,001,800	\$2,273,782	\$0	\$335,058	\$430,900	\$0	\$795,622		\$166,438	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$98,136)	(\$25,445)	\$0	\$0	\$0	\$0	(\$42,068)		(\$30,623)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,623		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,934,287	\$2,248,337	\$0	\$335,058	\$430,900	\$0	\$753,554	\$0	\$135,815	\$30,623		
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,865	26,865										
	As Filed Days = 26,865													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,865				
	As Filed Days = 26,865													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$146.45	\$83.69	\$0.00	\$12.47	\$16.04	(with L&H)	\$28.05	\$0.00	\$5.06	\$1.14		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6995										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.24										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.24	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	\$5.06	\$1.14		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.38	\$49.24	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	9.44 (FRV)	\$1.14		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.38	\$49.24	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6859										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.01										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.15	\$83.01	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.37	\$4.27	\$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	\$172.52	\$87.28	\$0.00	\$12.69	\$16.45	\$0.00	\$45.52	\$0.00	\$9.44	\$1.14		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.57											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SIGNATURE HEALTHCARE OF MARIETTA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142986A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8996	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.47%	1.0%	Quarterly Medicaid CMI:			2.0187	1.5932
							3.26	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0589	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,825,331	\$6,151,640	\$0	\$868,106	\$838,869	\$0	\$2,593,414		\$2,373,302	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$453,108)	(\$53,945)	\$0	(\$1,665)	(\$1,997)	(\$2,588)	(\$255,828)		(\$137,085)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$242,651			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$136,387	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,751,261	\$6,097,695	\$0	\$866,441	\$836,872	(\$2,588)	\$2,337,586	\$242,651	\$2,236,217	\$136,387	
8	Total Nursing Facility Days	FY21 Audited C/R Days	43,226	43,226									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								43,226			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$294.99	\$141.07	\$0.00	\$20.04	\$19.30	(with L&H)	\$54.08	\$5.61	\$51.73	\$3.16	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8996									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.26	\$0.00	\$20.04	\$19.30		\$54.08	\$5.61	\$51.73	\$3.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.24	\$74.26	\$0.00	\$20.04	\$19.30		\$36.91	\$5.61	14.96 (FRV)	\$3.16	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.24	\$74.26	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0589									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.87	\$152.89	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16	
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.38	\$6.65	\$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	\$277.25	\$159.54	\$0.00	\$20.26	\$19.71	\$0.00	\$54.01	\$5.61	\$14.96	\$3.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.11										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - FAIRBURN Prvdr ID: 00142997A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 12.28% Nurse Hours per On-Site Day/Quality Incentive: 3.87				N/A	0.00%	Base Period Overall CMI: 1.6344 Quarterly Medicaid CMI: 1.5514 Qtrly Mcaid CMI w RUG Wght Options: 1.5775			1.6344	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,190,381	\$2,731,348	\$0	\$466,571	\$562,967	\$0	\$1,112,117		\$317,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$414,313)	(\$98,721)	\$0	\$0	\$0	\$0	(\$257,279)		(\$58,313)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$58,313
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,190,381	\$2,632,627	\$0	\$466,571	\$562,967	\$0	\$854,838	\$356,000	\$259,065	\$58,313
8	Total Nursing Facility Days	As Filed Days = 20,659 FY21 Audited C/R Days	20,659									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,659 FY21 GL-PL Ins Rpt Days								20,659		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.23	\$127.43	\$0.00	\$22.58	\$27.25	(with L&H)	\$41.38	\$17.23	\$12.54	\$2.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6344								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.97	\$0.00	\$22.58	\$27.25		\$41.38	\$17.23	\$12.54	\$2.82
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.84	\$77.97	\$0.00	\$22.58	\$27.25		\$36.91	\$17.23	14.08 (FRV)	\$2.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.84	\$77.97	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5775								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.87	\$123.00	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82
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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.41	\$6.68	\$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	\$268.28	\$129.68	\$0.00	\$22.80	\$27.66	\$0.00	\$54.01	\$17.23	\$14.08	\$2.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: SMITH MEDICAL NURSING CARE CTR														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	0.9485	1.5751
Prvdr ID: 00143008A														Qtrly BIMS score	40.63%	2.5%	Quarterly Medicaid CMI:	1.0173	1.5932
Case Mix Per Diem Rate Effective Date: 4/1/2024														Nurse Hours per On-Site Day/Quality Incentive:	2.43	0.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.0290	1.6218
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes										
Peer Group Standards & Efficiency Measure Limits																			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$1,709,540	\$777,288	\$0	\$214,136	\$196,608	\$0	\$499,260		\$22,248	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$143,277)	\$0	\$0	\$0	\$0	(\$9,064)	(\$115,504)		(\$18,709)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$74,360									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R											\$18,709						
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$1,659,332	\$777,288	\$0	\$214,136	\$196,608	(\$9,064)	\$383,756	\$74,360	\$3,539	\$18,709							
8	Total Nursing Facility Days	As Filed Days = 14,616 FY21 Audited C/R Days	14,616																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,616 FY21 GL-PL Ins Rpt Days								14,616									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$113.53	\$53.18	\$0.00	\$14.65	\$12.83	(with L&H)	\$26.26	\$5.09	\$0.24	\$1.28							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		0.9485															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	\$0.24	\$1.28							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.63	\$56.07	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	11.45 (FRV)	\$1.28							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.63	\$56.07	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$1.28							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0290															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$57.70															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$129.26	\$57.70	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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	\$20.07	\$1.97	\$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	\$149.33	\$59.67	\$0.00	\$14.87	\$13.24	\$0.00	\$43.73	\$5.09	\$11.45	\$1.28							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$99.17																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: SOCIAL CIRCLE NSG & REHAB CTR Prvdr ID: 00143041A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7064	1.5751
							27.91%	1.0%					1.5487	1.5932
							3.12	3.0%					1.5764	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,761,260	\$2,724,490	\$0	\$371,838	\$392,363	\$0	\$765,392		\$507,177	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$24,707)	(\$8,085)	\$0	\$0	\$3,237	\$4,311	\$1,445		(\$25,615)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,640				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,108		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,769,301	\$2,716,405	\$0	\$371,838	\$395,600	\$4,311	\$766,837	\$6,640	\$481,562	\$26,108		
8	Total Nursing Facility Days	As Filed Days = 19,838 FY21 Audited C/R Days	19,838											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,838 FY21 GL-PL Ins Rpt Days								19,838				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$240.40	\$136.93	\$0.00	\$18.74	\$20.16	(with L&H)	\$38.65	\$0.33	\$24.27	\$1.32		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7064										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.24										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.24	\$0.00	\$18.74	\$20.16		\$38.65	\$0.33	\$24.27	\$1.32		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.42	\$80.24	\$0.00	\$18.74	\$20.16		\$36.91	\$0.33	10.72 (FRV)	\$1.32		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.42	\$80.24	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5764										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.49										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.67	\$126.49	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.31	\$5.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.98	\$132.07	\$0.00	\$18.96	\$20.57	\$0.00	\$54.01	\$0.33	\$10.72	\$1.32		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.66											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH - GRIFFIN Prvdr ID: 00143052A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 41.03% Nurse Hours per On-Site Day/Quality Incentive: 4.04				N/A	0.00% 2.5% 6.0%	Base Period Overall CMI: 1.5692 Quarterly Medicaid CMI: 1.6281 Qtrly Mcaid CMI w RUG Wght Options: 1.6584			1.5692 1.6281 1.6584	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,281,674	\$2,178,914	\$0	\$377,811	\$471,784	\$0	\$947,227		\$305,938	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$338,438)	(\$58,320)	\$0	\$0	\$0	\$0	(\$241,337)		(\$38,781)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$299,657		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$38,781
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,281,674	\$2,120,594	\$0	\$377,811	\$471,784	\$0	\$705,890	\$299,657	\$267,157	\$38,781
8	Total Nursing Facility Days	As Filed Days = 17,315 FY21 Audited C/R Days		17,315								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,315 FY21 GL-PL Ins Rpt Days								17,315		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.29	\$122.47	\$0.00	\$21.82	\$27.25	(with L&H)	\$40.77	\$17.31	\$15.43	\$2.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5692								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.04	\$0.00	\$21.82	\$27.25		\$40.77	\$17.31	\$15.43	\$2.24
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.18	\$78.04	\$0.00	\$21.82	\$27.25		\$36.91	\$17.31	9.61 (FRV)	\$2.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.18	\$78.04	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6584								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.56	\$129.42	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.77	\$7.77								
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	\$29.27	\$11.54	\$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	\$273.83	\$140.96	\$0.00	\$22.04	\$27.66	\$0.00	\$54.01	\$17.31	\$9.61	\$2.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: SPARTA HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143063A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.2791	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	40.74%	2.5%	Quarterly Medicaid CMI:				1.3944	1.5932
							3.26	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4160	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,462,080	\$1,695,629	\$0	\$348,853	\$385,889	\$0	\$628,924		\$402,785	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$139,575)	(\$34,687)	\$0	(\$438)	\$0	(\$395)	(\$82,597)		(\$21,458)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$85,088				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,458		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,429,051	\$1,660,942	\$0	\$348,415	\$385,889	(\$395)	\$546,327	\$85,088	\$381,327	\$21,458		
8	Total Nursing Facility Days As Filed Days = 15,341	FY21 Audited C/R Days	15,357											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,341	FY21 GL-PL Ins Rpt Days								15,357				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.30	\$108.16	\$0.00	\$22.69	\$25.10	(with L&H)	\$35.58	\$5.54	\$24.83	\$1.40		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2791										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.56										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.56	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	\$24.83	\$1.40		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.34	\$84.56	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	9.47 (FRV)	\$1.40		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.34	\$84.56	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4160										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.74										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.52	\$119.74	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40		
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99										
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	\$27.61	\$9.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.13	\$129.25	\$0.00	\$22.91	\$25.51	\$0.00	\$53.05	\$5.54	\$9.47	\$1.40		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.52											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: FULTON CENTER FOR REHABILITATION LLC Prvdr ID: 00143074A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.9125	1.5751
							20.83%	1.0%					2.0581	1.5932
							3.35	4.0%					2.0986	1.6218
BASE PERIOD PER DIEM ALLOWED AMOUNTS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,179,162	\$3,288,881	\$0	\$584,888	\$686,376	\$0	\$1,413,983		\$1,205,034	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$296,070)	(\$53,771)	\$0	\$0	(\$3,397)	(\$5,582)	(\$136,996)		(\$96,324)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$183,642				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$95,064		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,161,798	\$3,235,110	\$0	\$584,888	\$682,979	(\$5,582)	\$1,276,987	\$183,642	\$1,108,710	\$95,064		
8	Total Nursing Facility Days	FY21 Audited C/R Days	35,671											
	As Filed Days = 35,671													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								35,671				
	As Filed Days = 35,671													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.78	\$90.69	\$0.00	\$16.40	\$18.99	(with L&H)	\$35.80	\$5.15	\$31.08	\$2.67		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9125										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.42										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$47.42	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	\$31.08	\$2.67		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.24	\$47.42	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	8.81 (FRV)	\$2.67		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.24	\$47.42	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0986										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.52										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.34	\$99.52	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$23.61	\$5.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.95	\$105.03	\$0.00	\$16.62	\$19.40	\$0.00	\$53.27	\$5.15	\$8.81	\$2.67		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.39											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CARTERSVILLE CENTER FOR NURSING AND HEALING		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143085A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7088	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	14.08%	Quarterly Medicaid CMI:				2.1874	1.5932	
					2.75	Qtrly Mcaid CMI w RUG Wght Options:				2.2304	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,032,690	\$3,608,089	\$0	\$675,571	\$541,888	\$0	\$1,275,549		\$931,593	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$257,495)	(\$5,300)	\$0	\$0	\$0	\$0	(\$160,041)		(\$92,154)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$160,041		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,154
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,027,390	\$3,602,789	\$0	\$675,571	\$541,888	\$0	\$1,115,508	\$160,041	\$839,439	\$92,154
8	Total Nursing Facility Days	FY21 Audited C/R Days	36,071									
	As Filed Days = 36,071											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,071		
	As Filed Days = 36,071											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.82	\$99.88	\$0.00	\$18.73	\$15.02	(with L&H)	\$30.93	\$4.44	\$23.27	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7088								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.45	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	\$23.27	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.87	\$58.45	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	14.75 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.87	\$58.45	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.2304								
18	Qtrly Routine Srvc 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	\$216.79	\$130.37	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.21	\$5.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$5.74	\$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	\$240.63	\$136.11	\$0.00	\$18.95	\$15.43	\$0.00	\$48.40	\$4.44	\$14.75	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.65									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SPRING VALLEY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143096A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5252	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.10%	2.5%	Quarterly Medicaid CMI:			1.5608	1.5932
							2.88	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5884	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,826,766	\$2,062,813	\$0	\$313,177	\$446,791	\$0	\$816,348		\$187,637	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$293,687)	(\$5,565)	\$0	\$0	(\$3,469)	(\$4,558)	(\$261,890)		(\$18,205)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$260,162			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,034	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,809,275	\$2,057,248	\$0	\$313,177	\$443,322	(\$4,558)	\$554,458	\$260,162	\$169,432	\$16,034	
8	Total Nursing Facility Days	As Filed Days = 17,382 FY21 Audited C/R Days	17,382										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,382 FY21 GL-PL Ins Rpt Days								17,382			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.16	\$118.36	\$0.00	\$18.02	\$25.24	(with L&H)	\$31.90	\$14.97	\$9.75	\$0.92	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5252									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.60									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.60	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	\$9.75	\$0.92	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.92	\$77.60	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	10.27 (FRV)	\$0.92	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.92	\$77.60	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5884									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.58	\$123.26	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.93	\$4.93									
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	\$26.64	\$8.54	\$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	\$251.22	\$131.80	\$0.00	\$18.24	\$25.65	\$0.00	\$49.37	\$14.97	\$10.27	\$0.92	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.59										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WINTHROP HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143118A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5001	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.03%	1.0%	Quarterly Medicaid CMI:			1.4274	1.5932
							3.60	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4477	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,706,017	\$3,134,384	\$0	\$545,806	\$686,285	\$0	\$1,185,045		\$154,497	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$133,126)	(\$3,031)	\$0	(\$742)	\$0	(\$619)	(\$115,809)		(\$12,925)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,650			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,925	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,690,466	\$3,131,353	\$0	\$545,064	\$686,285	(\$619)	\$1,069,236	\$104,650	\$141,572	\$12,925	
8	Total Nursing Facility Days	As Filed Days = 25,977 FY21 Audited C/R Days	25,977										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,977 FY21 GL-PL Ins Rpt Days								25,977			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.06	\$120.54	\$0.00	\$20.98	\$26.40	(with L&H)	\$41.16	\$4.03	\$5.45	\$0.50	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5001									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.35	\$0.00	\$20.98	\$26.40		\$41.16	\$4.03	\$5.45	\$0.50	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.88	\$80.35	\$0.00	\$20.98	\$26.40		\$36.91	\$4.03	18.71 (FRV)	\$0.50	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.88	\$80.35	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$18.71	\$0.50	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4477									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.85	\$116.32	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$18.71	\$0.50	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.65	\$4.65									
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	\$24.07	\$6.34	\$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	\$247.92	\$122.66	\$0.00	\$21.20	\$26.81	\$0.00	\$54.01	\$4.03	\$18.71	\$0.50	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.12										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: SENIOR CARE CENTER - ST MARYS Prvdr ID: 00143129A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A		Qtrly BIMS score: 23.08%	Nurse Hours per On-Site Day/Quality Incentive: 3.09	0.00%	1.0%	3.0%	Base Period Overall CMI: 1.3150				1.3150	1.5751
		Qtrly Medicaid CMI: 1.1366		Qtrly Mcaid CMI w RUG Wght Options: 1.1503				Quarterly Medicaid CMI: 1.1366				1.1366	1.5932	
		Qtrly Mcaid CMI w RUG Wght Options: 1.1503										1.1503	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,269,926	\$3,046,378	\$0	\$668,551	\$737,249	\$0	\$1,588,944		\$228,804	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$183,561)	(\$10,332)	\$0	\$0	\$0	\$0	(\$161,358)		(\$11,871)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,358				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,871		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,259,594	\$3,036,046	\$0	\$668,551	\$737,249	\$0	\$1,427,586	\$161,358	\$216,933	\$11,871		
8	Total Nursing Facility Days	FY21 Audited C/R Days	17,919											
	As Filed Days = 17,919													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,919				
	As Filed Days = 17,919													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$349.32	\$169.43	\$0.00	\$37.31	\$41.14	(with L&H)	\$79.67	\$9.00	\$12.11	\$0.66		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3150										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$128.84										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$128.84	\$0.00	\$37.31	\$41.14		\$79.67	\$9.00	\$12.11	\$0.66		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.97	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$9.00	11.48 (FRV)	\$0.66		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.97	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1503										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.82										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.97	\$114.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.69	\$4.59	\$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	\$254.66	\$119.41	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$9.00	\$11.48	\$0.66		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.17											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.5009	1.5751				
Provider: EAGLE HEALTH & REHABILITATION Prvdr ID: 00143151A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													N/A	0.00%	1.5009	1.5751								
													36.00%	2.5%	1.3448	1.5932								
													4.52	5.0%	1.3670	1.6218								
													Nurse Hours per On-Site Day/Quality Incentive:											
			a	b	c	d	e	f	g	g	h	i												
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,947,192	\$1,953,557	\$0	\$524,514	\$442,449	\$0	\$735,001		\$291,671	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$177,823)	(\$1,797)	\$0	(\$451)	\$428	\$21	(\$130,617)		(\$45,407)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$125,165														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R											\$45,511											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,940,045	\$1,951,760	\$0	\$524,063	\$442,877	\$21	\$604,384	\$125,165	\$246,264	\$45,511												
8	Total Nursing Facility Days	FY21 Audited C/R Days	15,879																					
	As Filed Days = 15,796																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								15,879														
	As Filed Days = 15,796																							
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.12	\$122.91	\$0.00	\$33.00	\$27.89	(with L&H)	\$38.06	\$7.88	\$15.51	\$2.87												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5009																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.89																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.89	\$0.00	\$33.00	\$27.89		\$38.06	\$7.88	\$15.51	\$2.87												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.08	\$81.89	\$0.00	\$26.82	\$27.89		\$36.91	\$7.88	10.82	\$2.87												
											(FRV)													
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.08	\$81.89	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3670																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.94																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.13	\$111.94	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$26.44	\$8.93	\$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	\$251.57	\$120.87	\$0.00	\$26.82	\$28.30	\$0.00	\$54.01	\$7.88	\$10.82	\$2.87												
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 FY2021 Cost Report Data

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Provider: ARROWHEAD HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143162A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9920	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	48.05%	5.5%	Quarterly Medicaid CMI:			1.9416	1.5932
							3.86	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9776	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,779,080	\$2,416,403	\$0	\$517,015	\$775,149	\$0	\$1,862,587		\$1,207,926	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$137,141)	(\$6,589)	\$0	\$0	\$0	\$0	(\$58,985)		(\$71,567)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$58,758			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,567	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,772,264	\$2,409,814	\$0	\$517,015	\$775,149	\$0	\$1,803,602	\$58,758	\$1,136,359	\$71,567	
8	Total Nursing Facility Days	As Filed Days = 30,428 FY21 Audited C/R Days	30,428										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,428 FY21 GL-PL Ins Rpt Days								30,428			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.56	\$79.20	\$0.00	\$16.99	\$25.47	(with L&H)	\$59.27	\$1.93	\$37.35	\$2.35	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9920									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$16.99	\$25.47		\$59.27	\$1.93	\$37.35	\$2.35	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.07	\$39.76	\$0.00	\$16.99	\$25.47		\$36.91	\$1.93	10.66 (FRV)	\$2.35	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.07	\$39.76	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9776									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.94	\$78.63	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35	
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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.32	\$4.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.94	\$7.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.88	\$85.84	\$0.00	\$17.21	\$25.88	\$0.00	\$54.01	\$1.93	\$10.66	\$2.35	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.59										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - SUNRISE Prvdr ID: 00143173A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6500	1.5751
							20.41%	1.0%					1.6152	1.5932
							3.63	5.0%					1.6458	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,686,045	\$1,978,744	\$0	\$308,108	\$427,769	\$0	\$807,196		\$164,228	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$290,009)	(\$9,354)	\$0	\$0	\$0	\$1,893	(\$263,649)		(\$18,899)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$260,644				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,788		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,676,468	\$1,969,390	\$0	\$308,108	\$427,769	\$1,893	\$543,547	\$260,644	\$145,329	\$19,788		
8	Total Nursing Facility Days	FY21 Audited C/R Days		15,338										
	As Filed Days = 15,338													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								15,338				
	As Filed Days = 15,338													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.70	\$128.40	\$0.00	\$20.09	\$28.01	(with L&H)	\$35.44	\$16.99	\$9.48	\$1.29		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6500										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.82										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.82	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	\$9.48	\$1.29		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.62	\$77.82	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	11.98 (FRV)	\$1.29		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.62	\$77.82	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6458										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.08										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.88	\$128.08	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.40	\$6.40										
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	\$26.31	\$8.21	\$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	\$268.19	\$136.29	\$0.00	\$20.31	\$28.42	\$0.00	\$52.91	\$16.99	\$11.98	\$1.29		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.32											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: MOUNTAIN VIEW HEALTH CARE		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143184A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.4871	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	35.42%	Quarterly Medicaid CMI:				1.4764	1.5932	
					3.29	Qtrly Mcaid CMI w RUG Wght Options:				1.5047	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,069,042	\$2,739,274	\$0	\$481,156	\$684,376	\$0	\$859,997		\$304,239	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,145)	(\$39,612)	\$0	\$0	\$0	\$905	(\$100,609)		(\$34,829)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,901
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,923,798	\$2,699,662	\$0	\$481,156	\$684,376	\$905	\$759,388	\$0	\$269,410	\$28,901
8	Total Nursing Facility Days As Filed Days = 27,819	FY21 Audited C/R Days	27,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,819	FY21 GL-PL Ins Rpt Days								27,819		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.99	\$97.04	\$0.00	\$17.30	\$24.63	(with L&H)	\$27.30	\$0.00	\$9.68	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4871								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.25	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	\$9.68	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.63	\$65.25	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	8.11 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.63	\$65.25	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5047								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.56	\$98.18	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.03	\$5.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.59	\$104.11	\$0.00	\$17.52	\$25.04	\$0.00	\$44.77	\$0.00	\$8.11	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH - SWAINSBORO		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143195A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5672	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	18.06%	Quarterly Medicaid CMI:				1.6341	1.5932	
					2.77	Qtrly Mcaid CMI w RUG Wght Options:				1.6655	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,913,975	\$2,492,102	\$0	\$414,424	\$672,430	\$0	\$1,095,953		\$239,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$475,996)	(\$76,170)	\$0	\$0	\$1,458	\$2,516	(\$378,143)		(\$25,657)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$447,421		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,790
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,911,190	\$2,415,932	\$0	\$414,424	\$673,888	\$2,516	\$717,810	\$447,421	\$213,409	\$25,790
8	Total Nursing Facility Days	As Filed Days = 20,111										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,111										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.20	\$120.13	\$0.00	\$20.61	\$33.63	(with L&H)	\$35.69	\$22.25	\$10.61	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5672								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.65	\$0.00	\$20.61	\$33.63		\$35.69	\$22.25	\$10.61	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.56	\$76.65	\$0.00	\$20.61	\$33.28		\$35.69	\$22.25	10.80 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.56	\$76.65	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6655								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.57	\$127.66	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.60	\$6.91	\$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	\$276.17	\$134.57	\$0.00	\$20.83	\$33.28	\$0.00	\$53.16	\$22.25	\$10.80	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - SYLVESTER Prvdr ID: 00143206A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4211	1.5751
							20.56%	1.0%					1.6159	1.5932
							3.40	5.0%					1.6478	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,966,529	\$3,697,330	\$0	\$555,160	\$848,045	\$0	\$1,415,538		\$450,456	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$520,760)	(\$134,505)	\$0	(\$1,250)	\$731	\$619	(\$358,212)		(\$28,143)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$505,437				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,723		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,984,929	\$3,562,825	\$0	\$553,910	\$848,776	\$619	\$1,057,326	\$505,437	\$422,313	\$33,723		
8	Total Nursing Facility Days	As Filed Days = 30,648 FY21 Audited C/R Days	30,648											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,648 FY21 GL-PL Ins Rpt Days								30,648				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.90	\$116.25	\$0.00	\$18.07	\$27.71	(with L&H)	\$34.50	\$16.49	\$13.78	\$1.10		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4211										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.80										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.80	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	\$13.78	\$1.10		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.49	\$81.80	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	10.82 (FRV)	\$1.10		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.49	\$81.80	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6478										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.79										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.48	\$134.79	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.74	\$6.74										
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	\$26.72	\$8.62	\$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	\$270.20	\$143.41	\$0.00	\$18.29	\$28.12	\$0.00	\$51.97	\$16.49	\$10.82	\$1.10		
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 FY2021 Cost Report Data

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Provider: TATTNALL HEALTHCARE CENTER Prvdr ID: 00143228A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3401	1.5751		
				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.5373	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	2.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5668	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,234,914	\$2,466,599	\$0	\$372,220	\$402,280	\$0	\$673,974		\$319,841	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$97,277)	(\$525)	\$0	(\$2,212)	(\$556)	\$3,293	(\$73,845)		(\$23,432)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,114			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,432	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,220,183	\$2,466,074	\$0	\$370,008	\$401,724	\$3,293	\$600,129	\$59,114	\$296,409	\$23,432	
8	Total Nursing Facility Days	As Filed Days = 24,355 FY21 Audited C/R Days	24,355										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,355 FY21 GL-PL Ins Rpt Days								24,355			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$173.28	\$101.26	\$0.00	\$15.19	\$16.63	(with L&H)	\$24.64	\$2.43	\$12.17	\$0.96	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3401									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.56									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.56	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	\$12.17	\$0.96	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.58	\$75.56	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	8.17 (FRV)	\$0.96	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.58	\$75.56	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5668									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.39									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.41	\$118.39	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.14	\$7.04	\$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	\$211.55	\$125.43	\$0.00	\$15.41	\$17.04	\$0.00	\$42.11	\$2.43	\$8.17	\$0.96	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.84										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: THOMSON HEALTH AND REHABILITATION Prvdr ID: 00143261A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 46.05% Nurse Hours per On-Site Day/Quality Incentive: 3.03			Facility Score: N/A Add-on Percent: 0.00% 5.5% 3.0%			Base Period Overall CMI: 1.3818 Quarterly Medicaid CMI: 1.7102 Qtrly Mcaid CMI w RUG Wght Options: 1.7430			1.3818	1.5751	1.7102	1.5932	1.7430	1.6218
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,056,508	\$3,963,200	\$0	\$665,449	\$834,286	\$0	\$908,708		\$684,865	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$253,680)	(\$100,065)	\$0	\$0	(\$10,761)	(\$798)	(\$97,574)		(\$44,482)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$134,037																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,941															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,978,806	\$3,863,135	\$0	\$665,449	\$823,525	(\$798)	\$811,134	\$134,037	\$640,383	\$41,941															
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,872																								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,872																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.31	\$117.52	\$0.00	\$20.24	\$25.03	(with L&H)	\$24.68	\$4.08	\$19.48	\$1.28															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3818																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.05																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.05	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	\$19.48	\$1.28															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.81	\$85.05	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	9.45 (FRV)	\$1.28															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.81	\$85.05	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$1.28															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7430																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.24																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.00	\$148.24	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.15	\$8.15																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45																							
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	\$31.23	\$13.13	\$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	\$264.23	\$161.37	\$0.00	\$20.46	\$25.44	\$0.00	\$42.15	\$4.08	\$9.45	\$1.28															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.35																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: REHABILITATION CENTER OF SOUTH GEORGIA Prvdr ID: 00143283A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:		1.5954	1.5751		
				Qtrly BIMS score		26.09%	1.0%	Quarterly Medicaid CMI:		1.5167	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:		3.63	5.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.5414	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,040,869	\$5,127,617	\$0	\$966,768	\$1,101,490	\$0	\$1,219,327		\$625,667	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$279,565)	(\$120,615)	\$0	\$0	\$0	\$0	(\$90,726)		(\$68,224)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$150,941			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,224	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,980,469	\$5,007,002	\$0	\$966,768	\$1,101,490	\$0	\$1,128,601	\$150,941	\$557,443	\$68,224	
8	Total Nursing Facility Days	As Filed Days = 41,136 FY21 Audited C/R Days	41,136										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,136 FY21 GL-PL Ins Rpt Days								41,136			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$218.32	\$121.72	\$0.00	\$23.50	\$26.78	(with L&H)	\$27.44	\$3.67	\$13.55	\$1.66	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5954									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.30									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.30	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	\$13.55	\$1.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.14	\$76.30	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	9.79 (FRV)	\$1.66	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.14	\$76.30	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5414									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.45	\$117.61	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.88	\$5.88									
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	\$25.69	\$7.59	\$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	\$236.14	\$125.20	\$0.00	\$23.72	\$27.19	\$0.00	\$44.91	\$3.67	\$9.79	\$1.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.28										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: TIFTON HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143294A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7199	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.69%	1.0%	Quarterly Medicaid CMI:			1.9227	1.5932
							3.40	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9594	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,130,719	\$3,148,179	\$0	\$459,323	\$443,277	\$0	\$957,227		\$1,122,713	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$150,013	(\$22,002)	\$0	(\$2,356)	\$1,433	\$2,853	\$210,305		(\$40,220)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$174,400			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$40,501	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,495,633	\$3,126,177	\$0	\$456,967	\$444,710	\$2,853	\$1,167,532	\$174,400	\$1,082,493	\$40,501	
8	Total Nursing Facility Days	As Filed Days = 28,584 FY21 Audited C/R Days	28,584										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,584 FY21 GL-PL Ins Rpt Days								28,584			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.26	\$109.37	\$0.00	\$15.99	\$15.66	(with L&H)	\$40.85	\$6.10	\$37.87	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7199									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.59	\$0.00	\$15.99	\$15.66		\$40.85	\$6.10	\$37.87	\$1.42	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.59	\$0.00	\$15.99	\$15.66		\$40.85	\$6.10	\$37.87	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.43	\$63.59	\$0.00	\$15.99	\$15.66		\$36.91	\$6.10	10.76 (FRV)	\$1.42	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.43	\$63.59	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9594									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.44	\$124.60	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.25	\$5.52	\$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	\$234.69	\$130.12	\$0.00	\$16.21	\$16.07	\$0.00	\$54.01	\$6.10	\$10.76	\$1.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.19										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - TOCCOA Prvdr ID: 00143305A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4373	1.5751
							28.89%	1.0%					1.4727	1.5932
							2.98	5.0%					1.4992	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,583,670	\$5,585,116	\$0	\$814,380	\$889,763	\$0	\$1,928,521		\$365,890	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$846,843)	(\$91,627)	\$0	\$0	\$0	\$893	(\$714,073)		(\$42,036)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$785,660				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,036		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,564,523	\$5,493,489	\$0	\$814,380	\$889,763	\$893	\$1,214,448	\$785,660	\$323,854	\$42,036		
8	Total Nursing Facility Days	As Filed Days = 44,956 FY21 Audited C/R Days	44,956											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,956 FY21 GL-PL Ins Rpt Days								44,956				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.76	\$122.20	\$0.00	\$18.12	\$19.81	(with L&H)	\$27.01	\$17.48	\$7.20	\$0.94		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4373										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.02										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.02	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	\$7.20	\$0.94		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.42	\$85.02	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	7.04 (FRV)	\$0.94		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.42	\$85.02	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4992										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.46										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.86	\$127.46	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94		
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$244.13	\$135.63	\$0.00	\$18.34	\$20.22	\$0.00	\$44.48	\$17.48	\$7.04	\$0.94		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.27											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:
Provider: OXLEY PARK HEALTH AND REHABILITATION Prvdr ID: 00143316A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Facility Score	State-wide								
													N/A	23.44%	3.70	0.00%	1.0%	5.0%	Base Period Overall CMI:	1.4589	1.5751	
													23.44%	3.70	0.00%	1.0%	5.0%	Quarterly Medicaid CMI:	1.4933	1.5932		
													3.70	0.00%	1.0%	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5200	1.6218			
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,648,798	\$2,960,550	\$0	\$568,096	\$599,886	\$0	\$901,243		\$619,023	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$165,354)	(\$2,944)	\$0	(\$721)	\$0	(\$768)	(\$119,021)		(\$41,900)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,108												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,900										
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,635,452	\$2,957,606	\$0	\$567,375	\$599,886	(\$768)	\$782,222	\$110,108	\$577,123	\$41,900										
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,231	25,231																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,231												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.35	\$117.22	\$0.00	\$22.49	\$23.75	(with L&H)	\$31.00	\$4.36	\$22.87	\$1.66										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4589																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.35																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.35	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	\$22.87	\$1.66										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.95	\$80.35	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	15.34 (FRV)	\$1.66										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.95	\$80.35	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5200																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.13																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.73	\$122.13	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$25.96	\$7.86	\$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	\$246.69	\$129.99	\$0.00	\$22.71	\$24.16	\$0.00	\$48.47	\$4.36	\$15.34	\$1.66										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.19																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - PEAKE Prvdr ID: 00143327A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5984	1.5751
							21.88%	1.0%					1.7261	1.5932
							3.02	5.0%					1.7592	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,670,477	\$4,811,171	\$0	\$687,998	\$999,607	\$0	\$1,685,875		\$485,826	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$662,366)	(\$103,831)	\$0	\$0	\$6,718	\$6,550	(\$437,865)		(\$133,938)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$528,920				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$115,031		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,652,062	\$4,707,340	\$0	\$687,998	\$1,006,325	\$6,550	\$1,248,010	\$528,920	\$351,888	\$115,031		
8	Total Nursing Facility Days	As Filed Days = 34,126 FY21 Audited C/R Days	34,126											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,126 FY21 GL-PL Ins Rpt Days								34,126				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.53	\$137.94	\$0.00	\$20.16	\$29.68	(with L&H)	\$36.57	\$15.50	\$10.31	\$3.37		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5984										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.30										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.30	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	\$10.31	\$3.37		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.60	\$86.30	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	16.02 (FRV)	\$3.37		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.60	\$86.30	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7592										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.82										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.12	\$151.82	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.41	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.25		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.52	\$1.52										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.59	\$7.59										
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	\$27.62	\$9.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.35	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$300.74	\$161.46	\$0.00	\$20.38	\$30.09	\$0.00	\$53.92	\$15.50	\$16.02	\$3.37		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.73											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
Provider: CHATUGE REGIONAL NURSING HOME Prvdr ID: 00143338A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.5886				1.5751
							Qtrly BIMS score: 29.33%	1.0%	Quarterly Medicaid CMI: 1.4299				1.5932
							Nurse Hours per On-Site Day/Quality Incentive: 3.19	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4542				1.6218
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,061,735	\$4,456,500	\$0	\$1,385,333	\$423,452	\$838,365	\$1,597,623		\$360,462	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$140,726)	(\$34,634)	\$0	\$0	(\$2,733)	(\$5,412)	(\$97,937)		(\$10)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$37,438			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,958,457	\$4,421,866	\$0	\$1,385,333	\$420,719	\$832,953	\$1,499,686	\$37,438	\$360,452	\$10	
8	Total Nursing Facility Days As Filed Days = 32,180	FY21 Audited C/R Days	32,081										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,180	FY21 GL-PL Ins Rpt Days								32,081			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$279.25	\$137.83	\$0.00	\$43.18	\$39.08	(with L&H)	\$46.75	\$1.17	\$11.24	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5886									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.76									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.76	\$0.00	\$43.18	\$39.08		\$46.75	\$1.17	\$11.24	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.13	\$86.76	\$0.00	\$37.13	\$33.28		\$36.91	\$1.17	11.88 (FRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.13	\$86.76	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4542									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.54	\$126.17	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.68	\$5.58	\$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	\$269.22	\$131.75	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.17	\$11.88	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.09										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TREUTLEN COUNTY HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143349A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.6904	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	48.84%	Quarterly Medicaid CMI:				1.8050	1.5932	
					3.02	Qtrly Mcaid CMI w RUG Wght Options:				1.8409	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,292,119	\$1,724,191	\$0	\$354,205	\$348,464	\$0	\$628,346		\$236,913	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,782)	(\$1,808)	\$0	(\$443)	\$0	(\$448)	(\$83,962)		(\$6,121)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$6,121
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,257,458	\$1,722,383	\$0	\$353,762	\$348,464	(\$448)	\$544,384	\$52,000	\$230,792	\$6,121
8	Total Nursing Facility Days As Filed Days = 15,502	FY21 Audited C/R Days	15,502									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,502	FY21 GL-PL Ins Rpt Days								15,502		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.13	\$111.11	\$0.00	\$22.82	\$22.45	(with L&H)	\$35.12	\$3.35	\$14.89	\$0.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6904								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.73	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	\$14.89	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.25	\$65.73	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	16.39 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.25	\$65.73	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8409								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.52	\$121.00	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.66	\$6.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.47	\$8.47								
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	\$33.76	\$15.66	\$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	\$255.28	\$136.66	\$0.00	\$23.04	\$22.86	\$0.00	\$52.59	\$3.35	\$16.39	\$0.39
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 FY2021 Cost Report Data

FINAL

Provider: BERRIEN NURSING CENTER Prvdr ID: 00143382A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6229	1.5751		
				Qtrly BIMS score	29.87%	1.0%	Quarterly Medicaid CMI:			1.3665	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3885	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,313,335	\$2,896,223	\$0	\$717,550	\$747,265	\$0	\$1,193,561		\$758,736	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$247,603)	\$32,284	\$0	(\$4,740)	\$0	\$4,740	(\$233,637)		(\$46,250)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$201,353			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,250	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,313,335	\$2,928,507	\$0	\$712,810	\$747,265	\$4,740	\$959,924	\$201,353	\$712,486	\$46,250	
8	Total Nursing Facility Days	As Filed Days = 27,782 FY21 Audited C/R Days	27,782										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,782 FY21 GL-PL Ins Rpt Days								27,782			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.25	\$105.41	\$0.00	\$25.66	\$27.07	(with L&H)	\$34.55	\$7.25	\$25.65	\$1.66	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6229									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.95									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.95	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	\$25.65	\$1.66	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.27	\$64.95	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	14.13 (FRV)	\$1.66	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.27	\$64.95	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3885									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.50	\$90.18	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.24	\$4.14	\$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	\$222.74	\$94.32	\$0.00	\$25.88	\$27.48	\$0.00	\$52.02	\$7.25	\$14.13	\$1.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.23										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TWIN OAKS CONVALESCENT CENTER Prvdr ID: 00143393A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 29.51% Nurse Hours per On-Site Day/Quality Incentive: 4.62				N/A	0.00% 1.0% 3.0%	Base Period Overall CMI: 1.5890 Quarterly Medicaid CMI: 1.5794 Qtrly Mcaid CMI w RUG Wght Options: 1.6077			1.5890 1.5794 1.6077	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,681,019	\$3,112,240	\$0	\$693,589	\$436,299	\$470,421	\$1,453,649		\$514,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,017)	(\$144,378)	\$0	\$0	\$2,361	\$2,545	(\$26,875)		(\$54,670)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$103,954		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,077
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,583,033	\$2,967,862	\$0	\$693,589	\$438,660	\$472,966	\$1,426,774	\$103,954	\$460,151	\$19,077
8	Total Nursing Facility Days	As Filed Days = 22,644 FY21 Audited C/R Days		23,297								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,644 FY21 GL-PL Ins Rpt Days								23,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.56	\$127.39	\$0.00	\$29.77	\$39.13	(with L&H)	\$61.24	\$4.46	\$19.75	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5890								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.17	\$0.00	\$29.77	\$39.13		\$61.24	\$4.46	\$19.75	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.38	\$80.17	\$0.00	\$29.77	\$33.28		\$36.91	\$4.46	18.97 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.38	\$80.17	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6077								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.10	\$128.89	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87								
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	\$23.01	\$5.69	\$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	\$276.11	\$134.58	\$0.00	\$29.99	\$33.28	\$0.00	\$54.01	\$4.46	\$18.97	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: UNION COUNTY NURSING HOME Prvdr ID: 00143415A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2806	1.5751	
				Qtrly BIMS score	44.44%	2.5%	Quarterly Medicaid CMI:			1.4530	1.5932	
				Nurse Hours per On-Site Day/Quality Incentive:	3.20	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4805	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,802,410	\$6,060,715	\$0	\$1,514,610	\$527,394	\$776,049	\$1,724,867		\$1,198,775	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$176,912)	\$3,426	\$0	\$0	(\$8,403)	(\$12,365)	(\$141,749)		(\$17,821)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$35,505		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,542
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,678,545	\$6,064,141	\$0	\$1,514,610	\$518,991	\$763,684	\$1,583,118	\$35,505	\$1,180,954	\$17,542
8	Total Nursing Facility Days	As Filed Days = 44,627 FY21 Audited C/R Days	44,627									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,627 FY21 GL-PL Ins Rpt Days								44,627		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$261.69	\$135.89	\$0.00	\$33.94	\$28.74	(with L&H)	\$35.47	\$0.80	\$26.46	\$0.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2806								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$106.11	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	\$26.46	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.90	\$99.82	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	11.74 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.90	\$99.82	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4805								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.86	\$147.78	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.69	\$3.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43								
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	\$26.22	\$8.12	\$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	\$285.08	\$155.90	\$0.00	\$34.16	\$29.15	\$0.00	\$52.94	\$0.80	\$11.74	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.99									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: KENTWOOD NURSING FACILITY Prvdr ID: 00143426A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 17.07% Nurse Hours per On-Site Day/Quality Incentive: 4.29				N/A	0.00%	Base Period Overall CMI: 1.5514 Quarterly Medicaid CMI: 1.4830 Qtrly Mcaid CMI w RUG Wght Options: 1.5073			1.5514	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,938,329	\$2,434,431	\$0	\$525,471	\$516,876	\$0	\$1,032,677		\$428,874	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$470,857)	(\$4,139)	\$0	\$0	(\$458)	\$3,787	(\$463,203)		(\$6,844)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,858		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$6,829
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,594,159	\$2,430,292	\$0	\$525,471	\$516,418	\$3,787	\$569,474	\$119,858	\$422,030	\$6,829
8	Total Nursing Facility Days	As Filed Days = 21,098 FY21 Audited C/R Days		21,098								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,098 FY21 GL-PL Ins Rpt Days								21,098		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.75	\$115.19	\$0.00	\$24.91	\$24.66	(with L&H)	\$26.99	\$5.68	\$20.00	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5514								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.25	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	\$20.00	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.10	\$74.25	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	19.29 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.10	\$74.25	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$19.29	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5073								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.77	\$111.92	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$19.29	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.99	\$3.89	\$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	\$235.76	\$115.81	\$0.00	\$25.13	\$25.07	\$0.00	\$44.46	\$5.68	\$19.29	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHULIO HILLS HEALTH AND REHAB Prvdr ID: 00143437A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 27.45% Nurse Hours per On-Site Day/Quality Incentive: 5.86				N/A	0.00% 1.0% 3.0%	Base Period Overall CMI: 1.9573 Quarterly Medicaid CMI: 1.7087 Qtrly Mcaid CMI w RUG Wght Options: 1.7410			1.9573 1.7087 1.7410	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,955,022	\$5,005,296	\$0	\$594,249	\$697,474	\$0	\$992,190		\$665,813	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$266,168)	\$1,104	\$0	\$0	\$340	\$280	(\$247,115)		(\$20,777)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$158,028		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,796
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,867,678	\$5,006,400	\$0	\$594,249	\$697,814	\$280	\$745,075	\$158,028	\$645,036	\$20,796
8	Total Nursing Facility Days	As Filed Days = 21,009 FY21 Audited C/R Days		19,592								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,009 FY21 GL-PL Ins Rpt Days								19,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$401.57	\$255.53	\$0.00	\$30.33	\$35.63	(with L&H)	\$38.03	\$8.07	\$32.92	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9573								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$130.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$130.55	\$0.00	\$30.33	\$35.63		\$38.03	\$8.07	\$32.92	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.46	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$8.07	11.50 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.46	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7410								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$173.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$291.43	\$173.79	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.74	\$1.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.21	\$5.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.05	\$6.95	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$315.48	\$180.74	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$8.07	\$11.50	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$223.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WAYCROSS HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143459A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4333	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.21%	1.0%	Quarterly Medicaid CMI:			1.4774	1.5932
							3.39	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5008	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,951,207	\$1,934,002	\$0	\$408,160	\$486,106	\$0	\$766,474		\$356,465	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$141,191)	(\$2,084)	\$0	(\$511)	\$1,053	\$711	(\$103,678)		(\$36,682)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$97,370			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,844	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,944,230	\$1,931,918	\$0	\$407,649	\$487,159	\$711	\$662,796	\$97,370	\$319,783	\$36,844	
8	Total Nursing Facility Days As Filed Days = 17,858	FY21 Audited C/R Days	17,858										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,858	FY21 GL-PL Ins Rpt Days								17,858			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.86	\$108.18	\$0.00	\$22.83	\$27.32	(with L&H)	\$37.11	\$5.45	\$17.91	\$2.06	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4333									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.47									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.47	\$0.00	\$22.83	\$27.32		\$37.11	\$5.45	\$17.91	\$2.06	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.23	\$75.47	\$0.00	\$22.83	\$27.32		\$36.91	\$5.45	8.19 (FRV)	\$2.06	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.23	\$75.47	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5008									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.27									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.03	\$113.27	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06	
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	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	\$26.19	\$8.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.22	\$121.73	\$0.00	\$23.05	\$27.73	\$0.00	\$54.01	\$5.45	\$8.19	\$2.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.84										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WASHINGTON CO EXTENDED CARE FACILITY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143481A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.2062	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.09%	1.0%	Quarterly Medicaid CMI:				1.3586	1.5932
							4.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3819	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,097,426	\$2,142,773	\$0	\$648,565	\$143,432	\$195,873	\$866,448		\$100,335	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$51,581)	(\$9,947)	\$0	\$0	\$0	\$0	(\$37,791)		(\$3,843)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$37,791				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,843		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,087,479	\$2,132,826	\$0	\$648,565	\$143,432	\$195,873	\$828,657	\$37,791	\$96,492	\$3,843		
8	Total Nursing Facility Days As Filed Days = 20,788	FY21 Audited C/R Days	20,788											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,788	FY21 GL-PL Ins Rpt Days								20,788				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.62	\$102.60	\$0.00	\$31.20	\$16.32	(with L&H)	\$39.86	\$1.82	\$4.64	\$0.18		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2062										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.06										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.06	\$0.00	\$31.20	\$16.32		\$39.86	\$1.82	\$4.64	\$0.18		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.89	\$85.06	\$0.00	\$31.20	\$16.32		\$36.91	\$1.82	11.40 (FRV)	\$0.18		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.89	\$85.06	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3819										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.54										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.37	\$117.54	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18		
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.97	\$5.24	\$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	\$238.34	\$122.78	\$0.00	\$31.42	\$16.73	\$0.00	\$54.01	\$1.82	\$11.40	\$0.18		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.93											

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: WESTBURY H&R-CONYERS, INC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide	
Prvdr ID: 00143503A		Growth Allowance:		N/A	0.00%	Base Period Overall CMI:					1.5144	1.5740	
H/B ? : No		BIMS		29.8%	1.0%	Quarterly Medicaid CMI:					1.9564	1.3765	
Case Mix Per Diem Rate Effective Date: 04/01/24		Nurse Hours per On-Site Day/Quality Incentive:		2.67	4.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.9944	1.3996	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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													
Type of Facility within Peer Group				1	1	2	1	1	1				
Bed Size Range within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities				
Peer Group Standards & Efficiency Measure Limits				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
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 2020				FY2020 C/R - FY 2020 GL-PL Rpt		6,456,939	1,208,699	1,503,009	(2,506)	1,198,106	295,809	37,146	65,580
Inflation (July 2021) @ 4.30%				FY 2020 Cost Rpt		277,648	51,974	64,522		51,519			2,820
Patient Days				FY 20 GL-PL Ins Rpt Days		54,898	54,898	54,898		54,898	54,898	54,898	54,898
Total Nursing Facility Days GL-PL Ins. Rpt						122.67							
Inflated NHC/ Patient Days						122.67	22.96	28.51		22.76	5.39	0.68	1.25
Base Period Facility CMI for all Residents						1.5144							
Routine Services Case Mix Adjusted Net Per Diem						\$81.01							
Net Per Diems After Case Mix Adjustments				\$162.55	\$81.01	\$22.96	\$28.51	\$22.76	\$5.39	\$0.68		1.25	
Per Diem Standards				\$172.98	\$99.82	\$26.82	\$33.28	\$22.76	\$5.39	\$0.68		1.25	
Base Period Case Mix Adjusted Allowed Per Diem				\$172.98	\$81.01	\$22.96	\$28.51	\$22.76	\$5.39	\$0.68	11.10	1.25	
Quarterly Per Diem Rate Prior to Add-Ons													
Growth Allowance 0.000%				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
CMA Allowed Per Diem After Growth Allowance				\$172.97	\$81.01	\$22.96	\$28.51	\$22.76	\$5.39	\$0.68			
Quarterly Facility Case Mix Index for Medicaid Residents						1.9944							
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem						\$161.57							
Quarterly Medicaid CMA Allowed Per Diem				\$253.53	\$161.57	\$22.96	\$28.51	\$22.76	\$5.39	\$0.68	11.10	1.25	
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)				\$1.62	1.62								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%				\$6.46	6.46								
Nursing Home Provider Fee				\$ 17.10				\$ 17.10					
Total Quarterly Per Diem Add-On Amounts				\$26.71									
Quarterly Case Mix Based Per Diem Rate				\$280.24	\$170.18	\$23.18	\$28.92	\$40.23	\$5.39	\$11.10	\$1.25		
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$197.36									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: WESTBURY MEDICAL CARE HOME Prvdr ID: 00143514A H/B ? : No												
Add-on Data and Percentages Growth Allowance: N/A BIMS 28.3% Nurse Hours per On-Site Day/Quality Incentive: 2.40												
Facility Score: 2.40 Add-on Percent: 0.00% 1.0% 4.0%												
Case Mix Index (CMI) Data Base Period Overall CMI: 1.6026 Quarterly Medicaid CMI: 2.1098 Qrtly Mcaid CMI w RUG Wght Options: 2.1513 Facility Specific: 1.6026 State-wide: 1.5740 1.3765 1.3996												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
FY2020 C/R - FY 2020 GL-PL Rpt												
Inflation (July 2021) @ 4.30%												
Patient Days												
FY 2020 Cost Rpt												
Inflated NHC/ Patient Days												
FY 20 GL-PL Ins Rpt Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: WESTBURY H&R-MCDONOUGH, INC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide	
Prvdr ID: 00143525A		Growth Allowance:		N/A	0.00%	Base Period Overall CMI:					1.5324	1.5740	
H/B ? : No		Case Mix Per Diem Rate Effective Date: 04/01/24		BIMS	44.3%	Quarterly Medicaid CMI:					1.9756	1.3765	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		2.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options:					2.0144	1.3996	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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													
Type of Facility within Peer Group				1	1	2	1	1	1				
Bed Size Range within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities				
Peer Group Standards & Efficiency Measure Limits				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
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 2020				FY2020 C/R - FY 2020 GL-PL Rpt	6,393,717		1,106,359	1,420,115	(1,757)	1,186,632	203,152	19,452	64,484
Inflation (July 2021) @ 4.30%					274,930		47,573	60,989		51,025			2,773
Patient Days				FY 2020 Cost Rpt	51,014		51,014	51,014		51,014		51,014	51,014
Inflated NHC/ Patient Days				FY 20 GL-PL Ins Rpt Days	130.72		22.62	29.00		24.26	3.98	0.38	1.32
Base Period Facility CMI for all Residents					1.5324								
Routine Services Case Mix Adjusted Net Per Diem					\$85.31								
Net Per Diems After Case Mix Adjustments					\$166.87		\$22.62	\$29.00		\$24.26	\$3.98	\$0.38	1.32
Per Diem Standards					\$99.82		\$26.82	\$33.28		\$36.91			
Base Period Case Mix Adjusted Allowed Per Diem					\$176.68		\$22.62	\$29.00		\$24.26	\$3.98	10.19	1.32
Quarterly Per Diem Rate Prior to Add-Ons													
Growth Allowance 0.000%					\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem After Growth Allowance					\$176.68		\$22.62	\$29.00		\$24.26	\$3.98	\$10.19	\$1.32
Quarterly Facility Case Mix Index for Medicaid Residents													
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem													
Quarterly Medicaid CMA Allowed Per Diem					\$263.22		\$22.62	\$29.00		\$24.26	\$3.98	\$10.19	\$1.32
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 Svcs)					\$4.30	4.30							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%					\$5.16	5.16							
Nursing Home Provider Fee					\$ 17.10				\$ 17.10				
Total Quarterly Per Diem Add-On Amounts					\$28.09								
Quarterly Case Mix Based Per Diem Rate					\$291.31	\$181.84	\$22.84	\$29.41		\$41.73	\$3.98	\$10.19	\$1.32
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%					\$205.66								

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: PruittHealth - Seaside, LLC		<u>Add-on Data and Percentages</u>	Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>	Facility Specific	State-wide
Prvdr ID: 00143536A		Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.8137	1.5751
H/B ?: No	Case Mix Per Diem Rate Effective Date: 04/01/24	BIMS:	24.6%	1.0%	Quarterly Medicaid CMI:	1.8670	1.5195
	MDS & Nurse Hrs Data per Quarter Ending: 12/31/23	Nurse Hours per On-Site Day/Quality Incentive:	3.49	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.9035	1.5463

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2021 GL-PL Ins. Rpt								\$ 205,470		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								27,066		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$21.86	\$1.21
	Allowed @ 95% of Std		\$210.06	\$94.83		\$25.48	\$31.62		\$35.06		\$21.86	\$1.21
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$217.65	\$94.83		\$25.48	\$31.62		\$35.06	\$ 7.59	\$21.86	\$1.21
	Quarterly Facility Case Mix Index for Medicaid Residents			1.9035							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$180.51								
	Quarterly Medicaid CMA Allowed Per Diem		\$299.93	\$180.51		\$25.48	\$31.62		\$35.06	\$ 4.19	\$21.86	\$1.21
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)		\$1.81	\$1.81								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$7.22	\$7.22								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$26.13									
	Quarterly Case Mix Based Per Diem Rate		\$326.05	\$189.53		\$25.48	\$31.62		\$52.16	\$4.19	\$21.86	\$1.21
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$231.72									

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: WILDWOOD HEALTH AND REHAB Prvdr ID: 00143547A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A				Base Period Overall CMI: 1.5392				1.5392	1.5751
			Qtrly BIMS score: 44.00%				Quarterly Medicaid CMI: 1.6879				1.6879	1.5932
			Nurse Hours per On-Site Day/Quality Incentive: 2.91				Qtrly Mcaid CMI w RUG Wght Options: 1.7203				1.7203	1.6218
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,802,165	\$1,362,505	\$0	\$322,392	\$298,640	\$0	\$521,417		\$297,211	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$49,612)	(\$3,077)	\$0	\$0	\$0	\$0	(\$29,762)		(\$16,773)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,773
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,769,326	\$1,359,428	\$0	\$322,392	\$298,640	\$0	\$491,655	\$0	\$280,438	\$16,773
8	Total Nursing Facility Days	FY21 Audited C/R Days	12,658									
	As Filed Days = 12,658											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days							12,658			
	As Filed Days = 12,658											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$218.79	\$107.40	\$0.00	\$25.47	\$23.59	<i>(with L&H)</i>	\$38.84	\$0.00	\$22.16	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5392								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.77	\$0.00	\$25.47	\$23.59		\$38.84	\$0.00	\$22.16	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.30	\$69.77	\$0.00	\$25.47	\$23.59		\$36.91	\$0.00	11.23 <i>(FRV)</i>	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.30	\$69.77	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7203								
18	Qtrly Routine Srvc 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	\$218.56	\$120.03	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.60	\$3.60								
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	\$24.86	\$7.13	\$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	\$243.42	\$127.16	\$0.00	\$25.69	\$24.00	\$0.00	\$54.01	\$0.00	\$11.23	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOUTHLAND HEALTHCARE AND REHAB CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143558A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5929	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	11.43%	Quarterly Medicaid CMI:				1.5185	1.5932	
					2.83	Qtrly Mcaid CMI w RUG Wght Options:				1.5449	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,864,165	\$2,775,003	\$0	\$482,067	\$517,882	\$0	\$1,024,212		\$1,065,001	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$384,186)	\$2,600	\$0	\$0	\$0	\$0	(\$358,280)		(\$28,506)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,011		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,506
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,557,496	\$2,777,603	\$0	\$482,067	\$517,882	\$0	\$665,932	\$49,011	\$1,036,495	\$28,506
8	Total Nursing Facility Days	As Filed Days = 29,162 FY21 Audited C/R Days	29,162									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,162 FY21 GL-PL Ins Rpt Days								29,162		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.58	\$95.25	\$0.00	\$16.53	\$17.76	(with L&H)	\$22.84	\$1.68	\$35.54	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5929								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.80	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	\$35.54	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.51	\$59.80	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	8.92 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.51	\$59.80	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5449								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.10	\$92.39	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$20.48	\$2.38	\$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	\$181.58	\$94.77	\$0.00	\$16.75	\$18.17	\$0.00	\$40.31	\$1.68	\$8.92	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - WASHINGTON Prvdr ID: 00143569A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6049	1.5751		
				Qtrly BIMS score	22.50%	1.0%	Quarterly Medicaid CMI:			1.4746	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	2.83	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5006	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,965,736	\$1,463,610	\$0	\$267,685	\$435,943	\$0	\$699,101		\$99,397	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,431)	(\$74,700)	\$0	\$0	\$0	\$1,409	(\$130,396)		(\$17,744)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$203,687			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,744	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,965,736	\$1,388,910	\$0	\$267,685	\$435,943	\$1,409	\$568,705	\$203,687	\$81,653	\$17,744	
8	Total Nursing Facility Days	As Filed Days = 11,957 FY21 Audited C/R Days	11,957										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,957 FY21 GL-PL Ins Rpt Days								11,957			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.03	\$116.16	\$0.00	\$22.39	\$36.58	(with L&H)	\$47.56	\$17.03	\$6.83	\$1.48	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6049									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.38	\$0.00	\$22.39	\$36.58		\$47.56	\$17.03	\$6.83	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.02	\$72.38	\$0.00	\$22.39	\$33.28		\$36.91	\$17.03	10.55 (FRV)	\$1.48	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.02	\$72.38	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5006									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.25	\$108.61	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.37	\$7.05	\$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	\$254.62	\$115.66	\$0.00	\$22.61	\$33.28	\$0.00	\$54.01	\$17.03	\$10.55	\$1.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.14										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: WOOD DALE HEALTH AND REHABILITATION Prvdr ID: 00143591A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3030	1.5751
							#N/A	#N/A					Stwde	1.5932
							no data	0.0%					1.6218	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,240,245	\$2,750,802	\$0	\$558,686	\$440,744	\$0	\$1,254,482		\$235,531	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,229)	\$4,610	\$0	\$568	\$0	\$0	(\$35,407)		\$0			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$41,801				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,431		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,260,248	\$2,755,412	\$0	\$559,254	\$440,744	\$0	\$1,219,075	\$41,801	\$235,531	\$8,431		
8	Total Nursing Facility Days	FY21 Audited C/R Days	23,486											
	As Filed Days = 23,486													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								23,486				
	As Filed Days = 23,486													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.98	\$117.32	\$0.00	\$23.81	\$18.77	(with L&H)	\$51.91	\$1.78	\$10.03	\$0.36		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3030										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.04										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.04	\$0.00	\$23.81	\$18.77		\$51.91	\$1.78	\$10.03	\$0.36		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.09	\$90.04	\$0.00	\$23.81	\$18.77		\$36.91	\$1.78	12.42 (FRV)	\$0.36		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.09	\$90.04	\$0.00	\$23.81	\$18.77	\$0.00	\$36.91	\$1.78	\$12.42	\$0.36		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6218										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.03										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.08	\$146.03	\$0.00	\$23.81	\$18.77	\$0.00	\$36.91	\$1.78	\$12.42	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>#N/A</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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	\$18.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.34	\$146.56	\$0.00	\$24.03	\$19.18	\$0.00	\$54.01	\$1.78	\$12.42	\$0.36		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.93											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: WRIGHTSVILLE MANOR HEALTH AND REHAB Prvdr ID: 00143602A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Facility Score	State-wide										
													N/A	39.68%	3.19	0.00%	2.5%	3.0%	1.6930	1.5751	1.8481	1.5932	1.8850	1.6218
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i		
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
Peer Group Standards & Efficiency Measure Limits																								
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,846,261	\$3,099,207	\$0	\$600,360	\$566,289	\$0	\$935,677		\$644,728	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,541)	\$10,704	\$0	\$1,298	\$1,141	(\$330)	(\$64,785)		(\$40,569)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$70,355														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,592												
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,849,667	\$3,109,911	\$0	\$601,658	\$567,430	(\$330)	\$870,892	\$70,355	\$604,159	\$25,592												
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,128																					
	As Filed Days = 26,128																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,128														
	As Filed Days = 26,128																							
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.88	\$119.03	\$0.00	\$23.03	\$21.70	(with L&H)	\$33.33	\$2.69	\$23.12	\$0.98												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6930																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.31																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.31	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	\$23.12	\$0.98												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.94	\$70.31	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	12.90 (FRV)	\$0.98												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.94	\$70.31	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8850																				
18	Qtrly Routine Srvc 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	\$227.16	\$132.53	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$25.92	\$7.82	\$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	\$253.08	\$140.35	\$0.00	\$23.25	\$22.11	\$0.00	\$50.80	\$2.69	\$12.90	\$0.98												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.99																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: HERITAGE INN OF BARNESVILLE HEALTH AND REHAB Prvdr ID: 00143613A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4294	1.5751
							40.70%	2.5%					1.2592	1.5932
							3.30	5.0%					1.2786	1.6218
Case Mix Based Rate Calculations (see Policy Manual)														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,566,466	\$2,888,526	\$0	\$550,350	\$652,041	\$0	\$955,915		\$519,634	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$245,881)	(\$4,426)	\$0	(\$741)	(\$29,599)	(\$3,734)	(\$170,733)		(\$36,648)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$123,176				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,258		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,480,019	\$2,884,100	\$0	\$549,609	\$622,442	(\$3,734)	\$785,182	\$123,176	\$482,986	\$36,258		
8	Total Nursing Facility Days As Filed Days = 25,935	FY21 Audited C/R Days	26,069											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,935	FY21 GL-PL Ins Rpt Days								26,069				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.20	\$110.63	\$0.00	\$21.08	\$23.73	(with L&H)	\$30.12	\$4.72	\$18.53	\$1.39		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4294										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.39										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.39	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	\$18.53	\$1.39		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.68	\$77.39	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	8.25 (FRV)	\$1.39		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.68	\$77.39	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2786										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.95										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.24	\$98.95	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.95	\$4.95										
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	\$26.05	\$7.95	\$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	\$214.29	\$106.90	\$0.00	\$21.30	\$24.14	\$0.00	\$47.59	\$4.72	\$8.25	\$1.39		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.89											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.7336	1.5751			
Provider: TRADITIONS HEALTH AND REHABILITATION Prvdr ID: 00143701A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													N/A	33.33%	5.0%	1.5619	1.5932	1.5883	1.6218				
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
Peer Group Standards & Efficiency Measure Limits																							
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,881,113	\$4,899,748	\$0	\$892,950	\$1,112,447	\$0	\$1,544,236		\$431,732	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$343,619)	(\$4,938)	\$0	(\$1,209)	\$12,239	\$13,733	(\$215,688)		(\$147,756)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$191,035													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																		\$151,329			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,879,858	\$4,894,810	\$0	\$891,741	\$1,124,686	\$13,733	\$1,328,548	\$191,035	\$283,976	\$151,329											
8	Total Nursing Facility Days	FY21 Audited C/R Days	37,791																				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								37,791													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.97	\$129.52	\$0.00	\$23.60	\$30.12	(with L&H)	\$35.16	\$5.06	\$7.51	\$4.00											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7336																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.71																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.71	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	\$7.51	\$4.00											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.46	\$74.71	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	10.81 <i>(FRV)</i>	\$4.00											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.46	\$74.71	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5883																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.66																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.41	\$118.66	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00											
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$27.53	\$9.43	\$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	\$254.94	\$128.09	\$0.00	\$23.82	\$30.53	\$0.00	\$52.63	\$5.06	\$10.81	\$4.00											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.38																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: PRUITTHEALTH - LILBURN Prvdr ID: 00145527A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6672	1.5751
				Qtrly BIMS score		31.58%	2.5%	Quarterly Medicaid CMI:			1.7137	1.5932
				Nurse Hours per On-Site Day/Quality Incentive:		3.14	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7467	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,050,025	\$4,338,422	\$0	\$739,502	\$967,374	\$0	\$1,727,817		\$276,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$731,802)	(\$110,637)	\$0	\$0	\$4,082	\$5,082	(\$559,188)		(\$71,141)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$660,869		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,754
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,050,846	\$4,227,785	\$0	\$739,502	\$971,456	\$5,082	\$1,168,629	\$660,869	\$205,769	\$71,754
8	Total Nursing Facility Days	As Filed Days = 35,536 FY21 Audited C/R Days	35,536									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,536 FY21 GL-PL Ins Rpt Days								35,536		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.56	\$118.97	\$0.00	\$20.81	\$27.48	(with L&H)	\$32.89	\$18.60	\$5.79	\$2.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6672								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.36	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	\$5.79	\$2.02
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.71	\$71.36	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	8.55 (FRV)	\$2.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$71.36	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7467								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.99	\$124.64	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$27.98	\$9.88	\$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	\$262.97	\$134.52	\$0.00	\$21.03	\$27.89	\$0.00	\$50.36	\$18.60	\$8.55	\$2.02
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 FY2021 Cost Report Data

FINAL

Provider: QUINTON MEMORIAL HC & REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00150279A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3956	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.27%	1.0%	Quarterly Medicaid CMI:			1.3936	1.5932
							5.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4175	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,150,782	\$3,905,772	\$0	\$783,256	\$694,682	\$0	\$1,450,121		\$316,951	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,223)	\$3,124	\$0	\$565	(\$2,164)	(\$2,784)	(\$29,022)		\$58		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,173			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,847	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,193,579	\$3,908,896	\$0	\$783,821	\$692,518	(\$2,784)	\$1,421,099	\$61,173	\$317,009	\$11,847	
8	Total Nursing Facility Days As Filed Days = 29,422	FY21 Audited C/R Days	29,422										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,422	FY21 GL-PL Ins Rpt Days								29,422			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.49	\$132.86	\$0.00	\$26.64	\$23.44	(with L&H)	\$48.30	\$2.08	\$10.77	\$0.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3956									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.20									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.20	\$0.00	\$26.64	\$23.44		\$48.30	\$2.08	\$10.77	\$0.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.44	\$95.20	\$0.00	\$26.64	\$23.44		\$36.91	\$2.08	19.77 (FRV)	\$0.40	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.44	\$95.20	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4175									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.19	\$134.95	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.08	\$0.53	\$0.00	\$0.14	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.58	\$5.93	\$0.00	\$0.14	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.77	\$140.88	\$0.00	\$26.78	\$23.85	\$0.00	\$54.01	\$2.08	\$19.77	\$0.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.00										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHRISTIAN CITY REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00158034A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5826		1.5826	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Qtrly BIMS score: 35.11%		Nurse Hours per On-Site Day/Quality Incentive: 3.56		35.11%	2.5%	Quarterly Medicaid CMI: 1.6091		1.6091	1.5932		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6386		1.6386	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,644,578	\$8,083,942	\$0	\$1,251,402	\$1,351,545	\$0	\$3,554,499		\$403,190	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$918,888)	(\$310,565)	\$0	\$0	\$5,723	\$7,453	(\$566,910)		(\$54,589)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$861,543			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,256	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,619,489	\$7,773,377	\$0	\$1,251,402	\$1,357,268	\$7,453	\$2,987,589	\$861,543	\$348,601	\$32,256	
8	Total Nursing Facility Days As Filed Days = 60,954	FY21 Audited C/R Days	60,954										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,954	FY21 GL-PL Ins Rpt Days								60,954			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.84	\$127.53	\$0.00	\$20.53	\$22.39	(with L&H)	\$49.01	\$14.13	\$5.72	\$0.53	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5826									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.58									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.58	\$0.00	\$20.53	\$22.39		\$49.01	\$14.13	\$5.72	\$0.53	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.58	\$80.58	\$0.00	\$20.53	\$22.39		\$36.91	\$14.13	15.51 (FRV)	\$0.53	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.58	\$80.58	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6386									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.04	\$132.04	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.30	\$3.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.60	\$6.60									
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	\$11.06	\$10.43	\$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	\$253.10	\$142.47	\$0.00	\$20.75	\$22.80	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53	
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 FY2021 Cost Report Data

FINAL

Provider: MANOR CARE REHABILITATION CENTER - DECATUR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00159266A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4536	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	9.09%	0.0%	Quarterly Medicaid CMI:			2.1542	1.5932
							3.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.1967	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,101,794	\$4,711,697	\$0	\$748,250	\$737,142	\$0	\$1,606,984		\$297,721	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$212,304)	(\$10)	\$0	\$0	(\$5,262)	(\$5,666)	(\$33,489)		(\$167,877)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$29,171			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$167,764	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,086,425	\$4,711,687	\$0	\$748,250	\$731,880	(\$5,666)	\$1,573,495	\$29,171	\$129,844	\$167,764	
8	Total Nursing Facility Days	As Filed Days = 35,395 FY21 Audited C/R Days	35,395										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,395 FY21 GL-PL Ins Rpt Days								35,395			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.47	\$133.12	\$0.00	\$21.14	\$20.52	(with L&H)	\$44.46	\$0.82	\$3.67	\$4.74	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4536									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.58									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.58	\$0.00	\$21.14	\$20.52		\$44.46	\$0.82	\$3.67	\$4.74	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.33	\$91.58	\$0.00	\$21.14	\$20.52		\$36.91	\$0.82	10.62 (FRV)	\$4.74	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.33	\$91.58	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1967									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$201.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$295.92	\$201.17	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.30	\$6.57	\$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	\$320.22	\$207.74	\$0.00	\$21.36	\$20.93	\$0.00	\$54.01	\$0.82	\$10.62	\$4.74	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.34										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: HART CARE CENTER Prvdr ID: 00167857A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5440	1.5751
							44.68%	2.5%					1.4581	1.5932
							3.43	3.0%					1.4828	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,879,156	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$605,838		\$70,670	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$109,586)	\$0	\$0	\$0	\$0	\$0	(\$65,640)		(\$43,946)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$64,236				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$43,946		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,877,752	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$540,198	\$64,236	\$26,724	\$43,946		
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,482											
	As Filed Days = 25,482													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,482				
	As Filed Days = 25,482													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.42	\$118.66	\$0.00	\$23.72	\$22.55	(with L&H)	\$21.20	\$2.52	\$1.05	\$1.72		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5440										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.85										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.85	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	\$1.05	\$1.72		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.23	\$76.85	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	7.67 (FRV)	\$1.72		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.23	\$76.85	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4828										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.95										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.33	\$113.95	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$218.23	\$120.75	\$0.00	\$23.94	\$22.96	\$0.00	\$38.67	\$2.52	\$7.67	\$1.72		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.85											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PARKSIDE POST ACUTE AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00169199A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6795	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	39.02%	2.5%	Quarterly Medicaid CMI:			1.5616	1.5932
							3.57	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5872	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$2,287,073		\$1,236,680	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$405,993)	\$0	\$0	\$0	\$0	\$0	(\$323,796)		(\$82,197)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$323,796			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$82,197	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$1,963,277	\$323,796	\$1,154,483	\$82,197	
8	Total Nursing Facility Days	FY21 Audited C/R Days	55,184										
	As Filed Days = 55,184												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								55,184			
	As Filed Days = 55,184												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.75	\$133.61	\$0.00	\$20.68	\$24.60	(with L&H)	\$35.58	\$5.87	\$20.92	\$1.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6795									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.55									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.55	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	\$20.92	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.05	\$79.55	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	11.28 (FRV)	\$1.49	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.05	\$79.55	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5872									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.76	\$126.26	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.32	\$6.22	\$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	\$132.48	\$0.00	\$20.90	\$25.01	\$0.00	\$53.05	\$5.87	\$11.28	\$1.49	
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 FY2021 Cost Report Data

FINAL

Provider: WOODSTOCK NURSING & REHAB CTR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00171212A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7761	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	25.33%	Quarterly Medicaid CMI:				1.5411	1.5932	
					3.47	Qtrly Mcaid CMI w RUG Wght Options:				1.5681	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,772,160	\$5,891,941	\$0	\$898,248	\$904,976	\$0	\$1,775,279		\$1,301,716	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$93,149)	(\$40,237)	\$0	\$0	\$0	\$0	\$22,769		(\$75,681)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$17,468		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,681
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,772,160	\$5,851,704	\$0	\$898,248	\$904,976	\$0	\$1,798,048	\$17,468	\$1,226,035	\$75,681
8	Total Nursing Facility Days	FY21 Audited C/R Days	47,934	47,934								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								47,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.73	\$122.08	\$0.00	\$18.74	\$18.88	(with L&H)	\$37.51	\$0.36	\$25.58	\$1.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7761								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.73	\$0.00	\$18.74	\$18.88		\$37.51	\$0.36	\$25.58	\$1.58
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.83	\$68.73	\$0.00	\$18.74	\$18.88		\$36.91	\$0.36	9.63 (FRV)	\$1.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.83	\$68.73	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5681								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.88	\$107.78	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
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	\$21.50	\$3.77	\$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	\$215.38	\$111.55	\$0.00	\$18.96	\$19.29	\$0.00	\$54.01	\$0.36	\$9.63	\$1.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FAIRBURN HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00173071A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7658	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.96%	1.0%	Quarterly Medicaid CMI:			1.9004	1.5932
							3.08	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9382	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,354,783	\$2,520,566	\$0	\$547,901	\$461,177	\$0	\$1,190,872		\$634,267	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$398,712)	\$0	\$0	\$0	(\$1,016)	(\$814)	(\$341,148)		(\$55,734)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,477			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,076	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,348,624	\$2,520,566	\$0	\$547,901	\$460,161	(\$814)	\$849,724	\$244,477	\$578,533	\$148,076	
8	Total Nursing Facility Days	As Filed Days = 30,777 FY21 Audited C/R Days	30,777										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,777 FY21 GL-PL Ins Rpt Days								30,777			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$173.79	\$81.90	\$0.00	\$17.80	\$14.93	(with L&H)	\$27.61	\$7.94	\$18.80	\$4.81	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7658									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$46.38	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	\$18.80	\$4.81	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.85	\$46.38	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	9.38 (FRV)	\$4.81	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.85	\$46.38	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9382									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.36	\$89.89	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81	
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.33	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.69	\$93.12	\$0.00	\$18.02	\$15.34	\$0.00	\$45.08	\$7.94	\$9.38	\$4.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.44										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS - SCENIC VIEW SKILLED NURSING		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00178307A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7499	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	27.85%	Quarterly Medicaid CMI:				1.5178	1.5932	
					3.21	Qtrly Mcaid CMI w RUG Wght Options:				1.5443	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,584,193	\$4,776,112	\$0	\$589,769	\$866,467	\$0	\$1,672,921		\$678,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$746,010)	(\$104,652)	\$0	\$0	(\$4,025)	(\$3,832)	(\$555,489)		(\$78,012)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$642,229		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,825
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,537,237	\$4,671,460	\$0	\$589,769	\$862,442	(\$3,832)	\$1,117,432	\$642,229	\$600,912	\$56,825
8	Total Nursing Facility Days	As Filed Days = 33,387 FY21 Audited C/R Days	33,387									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,387 FY21 GL-PL Ins Rpt Days								33,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.71	\$139.92	\$0.00	\$17.66	\$25.72	(with L&H)	\$33.47	\$19.24	\$18.00	\$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7499								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.96	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	\$18.00	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.75	\$79.96	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	9.00 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.75	\$79.96	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5443								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.27	\$123.48	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$26.03	\$7.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.30	\$131.41	\$0.00	\$17.88	\$26.13	\$0.00	\$50.94	\$19.24	\$9.00	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MARIETTA Prvdr ID: 00202507A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 35.29% Nurse Hours per On-Site Day/Quality Incentive: 3.14				N/A	0.00%	Base Period Overall CMI: 1.7096 Quarterly Medicaid CMI: 1.7021 Qtrly Mcaid CMI w RUG Wght Options: 1.7335				1.7096	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,224,856	\$3,773,075	\$0	\$596,344	\$667,354	\$0	\$1,465,037		\$723,046	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$591,523)	(\$99,095)	\$0	\$0	(\$1,111)	\$301	(\$421,863)		(\$69,755)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$513,536			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$69,489	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,216,358	\$3,673,980	\$0	\$596,344	\$666,243	\$301	\$1,043,174	\$513,536	\$653,291	\$69,489	
8	Total Nursing Facility Days As Filed Days = 31,600	FY21 Audited C/R Days	31,600										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,600	FY21 GL-PL Ins Rpt Days								31,600			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.36	\$116.27	\$0.00	\$18.87	\$21.09	(with L&H)	\$33.01	\$16.25	\$20.67	\$2.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7096									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.01									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.01	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	\$20.67	\$2.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.34	\$68.01	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	13.91 (FRV)	\$2.20	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.34	\$68.01	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7335									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.23	\$117.90	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20	
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.90	\$5.90									
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	\$27.48	\$9.38	\$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	\$250.71	\$127.28	\$0.00	\$19.09	\$21.50	\$0.00	\$50.48	\$16.25	\$13.91	\$2.20	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.21										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GORDON HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00202848A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5507	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	18.60%	Quarterly Medicaid CMI:				1.3803	1.5932	
					3.06	Qtrly Mcaid CMI w RUG Wght Options:				1.4019	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,183,917	\$3,596,901	\$0	\$649,006	\$692,896	\$0	\$1,255,590		\$989,524	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$243,042)	(\$3,936)	\$0	(\$963)	\$0	(\$733)	(\$196,420)		(\$40,990)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$121,680		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$40,990
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,103,545	\$3,592,965	\$0	\$648,043	\$692,896	(\$733)	\$1,059,170	\$121,680	\$948,534	\$40,990
8	Total Nursing Facility Days	As Filed Days = 33,732 FY21 Audited C/R Days	33,732									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,732 FY21 GL-PL Ins Rpt Days								33,732		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.60	\$106.52	\$0.00	\$19.21	\$20.52	(with L&H)	\$31.40	\$3.61	\$28.12	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5507								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.69	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	\$28.12	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.40	\$68.69	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	11.75 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$68.69	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4019								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.01	\$96.30	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$23.45	\$5.35	\$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	\$207.46	\$101.65	\$0.00	\$19.43	\$20.93	\$0.00	\$48.87	\$3.61	\$11.75	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FLORENCE HAND HOME Prvdr ID: 00207083A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A		Qtrly BIMS score: 23.53%	Nurse Hours per On-Site Day/Quality Incentive: 3.89	0.00%	1.0%	3.0%	Base Period Overall CMI: 1.2637				1.2637	1.5751
		Qtrly Medicaid CMI: 1.0904		Qtrly Mcaid CMI w RUG Wght Options: 1.1021				Quarterly Medicaid CMI: 1.0904				1.0904	1.5932	
								Qtrly Mcaid CMI w RUG Wght Options: 1.1021				1.1021	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$17,694,024	\$5,143,711	\$0	\$1,295,276	\$1,251,130	\$1,375,807	\$7,155,680		\$1,472,420	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$178,751)	\$676	\$0	\$1,228	\$11,681	\$12,950	(\$74,860)		(\$130,426)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$72,005				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,587,278	\$5,144,387	\$0	\$1,296,504	\$1,262,811	\$1,388,757	\$7,080,820	\$72,005	\$1,341,994	\$0		
8	Total Nursing Facility Days	As Filed Days = 34,165 FY21 Audited C/R Days	34,165											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,165 FY21 GL-PL Ins Rpt Days								34,165				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$514.77	\$150.57	\$0.00	\$37.95	\$77.61	(with L&H)	\$207.25	\$2.11	\$39.28	\$0.00		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2637										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.15										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$119.15	\$0.00	\$37.95	\$77.61		\$207.25	\$2.11	\$39.28	\$0.00		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.67	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$2.11	16.42 (FRV)	\$0.00		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.67	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1021										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.01										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.86	\$110.01	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30										
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	\$21.50	\$4.40	\$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	\$257.36	\$114.41	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.11	\$16.42	\$0.00		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.20											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHATSWORTH HEALTH CARE CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00209778A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.9327				1.9327	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 41.58%	2.5%	Quarterly Medicaid CMI: 2.0343				2.0343	1.5932	
				3.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.0748				2.0748	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,857,507	\$2,983,220	\$0	\$672,611	\$567,575	\$0	\$1,172,988		\$1,461,113	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$449,704)	\$3,825	\$0	\$0	\$0	\$0	(\$416,676)		(\$36,853)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,862		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$202,529
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,855,194	\$2,987,045	\$0	\$672,611	\$567,575	\$0	\$756,312	\$244,862	\$1,424,260	\$202,529
8	Total Nursing Facility Days	As Filed Days = 35,934 FY21 Audited C/R Days	35,934									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,934 FY21 GL-PL Ins Rpt Days								35,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.78	\$83.13	\$0.00	\$18.72	\$15.79	(with L&H)	\$21.05	\$6.81	\$39.64	\$5.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9327								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$43.01	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	\$39.64	\$5.64
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.71	\$43.01	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	9.69 (FRV)	\$5.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.71	\$43.01	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0748								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.94	\$89.24	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.54	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.48	\$94.68	\$0.00	\$18.94	\$16.20	\$0.00	\$38.52	\$6.81	\$9.69	\$5.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.04									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HIGH SHOALS HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00212814A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3913	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	42.11%	2.5%	Quarterly Medicaid CMI:			1.3696	1.5932
							2.91	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3912	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,059,556	\$2,569,983	\$0	\$533,421	\$643,683	\$0	\$1,054,720		\$257,749	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$175,365)	(\$3,012)	\$0	(\$737)	\$0	(\$928)	(\$149,291)		(\$21,397)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,397	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,009,588	\$2,566,971	\$0	\$532,684	\$643,683	(\$928)	\$905,429	\$104,000	\$236,352	\$21,397	
8	Total Nursing Facility Days As Filed Days = 25,818	FY21 Audited C/R Days	25,818										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,818	FY21 GL-PL Ins Rpt Days								25,818			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.04	\$99.43	\$0.00	\$20.63	\$24.90	(with L&H)	\$35.07	\$4.03	\$9.15	\$0.83	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3913									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.47									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.47	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	\$9.15	\$0.83	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.68	\$71.47	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	16.75 (FRV)	\$0.83	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.68	\$71.47	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$0.83	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3912									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.64	\$99.43	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.97	\$5.97									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.09	\$8.99	\$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	\$228.73	\$108.42	\$0.00	\$20.85	\$25.31	\$0.00	\$52.54	\$4.03	\$16.75	\$0.83	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.72										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - FORT OGLETHORPE		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00214695A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.3979	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	22.83%	Quarterly Medicaid CMI:				1.6343	1.5932	
					3.32	Qtrly Mcaid CMI w RUG Wght Options:				1.6644	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,639,864	\$3,623,547	\$0	\$627,318	\$714,152	\$0	\$1,355,404		\$319,443	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$559,599)	(\$64,721)	\$0	\$0	\$0	\$1,082	(\$457,876)		(\$38,084)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$521,515		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,271
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,633,051	\$3,558,826	\$0	\$627,318	\$714,152	\$1,082	\$897,528	\$521,515	\$281,359	\$31,271
8	Total Nursing Facility Days As Filed Days = 31,796	FY21 Audited C/R Days	31,796									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,796	FY21 GL-PL Ins Rpt Days								31,796		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.61	\$111.93	\$0.00	\$19.73	\$22.49	(with L&H)	\$28.23	\$16.40	\$8.85	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3979								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.07	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	\$8.85	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.20	\$80.07	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	9.30 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.20	\$80.07	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6644								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.40	\$133.27	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$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	\$257.02	\$141.79	\$0.00	\$19.95	\$22.90	\$0.00	\$45.70	\$16.40	\$9.30	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: UNIVERSITY EXTENDED CARE-WESTWOOD Prvdr ID: 00219359A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 29.33% Nurse Hours per On-Site Day/Quality Incentive: 3.58			Facility Score: N/A Add-on Percent: 0.00% 1.0% 3.0%			Base Period Overall CMI: 1.5413 Quarterly Medicaid CMI: 1.6180 Qtrly Mcaid CMI w RUG Wght Options: 1.6480			1.5413	1.5751	1.6180	1.5932	1.6480	1.6218
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,395,308	\$3,936,702	\$0	\$1,034,040	\$922,729	\$0	\$1,143,695		\$358,142	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$737,841)	(\$99,320)	\$0	(\$2,117)	(\$1,192)	\$40,695	(\$665,665)		(\$10,242)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$179,706																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,220															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,847,393	\$3,837,382	\$0	\$1,031,923	\$921,537	\$40,695	\$478,030	\$179,706	\$347,900	\$10,220															
8	Total Nursing Facility Days	FY21 Audited C/R Days	36,264	36,264																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,264																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.82	\$105.82	\$0.00	\$28.46	\$26.53	(with L&H)	\$13.18	\$4.96	\$9.59	\$0.28															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5413																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.66																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.66	\$0.00	\$28.46	\$26.53		\$13.18	\$4.96	\$9.59	\$0.28															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.22	\$68.66	\$0.00	\$26.82	\$26.53		\$13.18	\$4.96	16.79 (FRV)	\$0.28															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.22	\$68.66	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.79	\$0.28															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6480																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.15																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.71	\$113.15	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.79	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.93	\$5.05	\$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	\$224.64	\$118.20	\$0.00	\$26.82	\$26.94	\$0.00	\$30.65	\$4.96	\$16.79	\$0.28															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.66																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: COMER HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00220448A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4773	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	39.68%	2.5%	Quarterly Medicaid CMI:			1.2714	1.5932
							3.33	7.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2906	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,603,335	\$3,047,785	\$0	\$617,294	\$626,479	\$0	\$1,085,364		\$226,413	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$195,835)	(\$3,401)	\$0	(\$791)	\$0	(\$589)	(\$177,130)		(\$13,924)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$120,640			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,924	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,542,064	\$3,044,384	\$0	\$616,503	\$626,479	(\$589)	\$908,234	\$120,640	\$212,489	\$13,924	
8	Total Nursing Facility Days As Filed Days = 27,704	FY21 Audited C/R Days	27,704										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,704	FY21 GL-PL Ins Rpt Days								27,704			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.03	\$109.89	\$0.00	\$22.25	\$22.59	(with L&H)	\$32.78	\$4.35	\$7.67	\$0.50	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4773									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.38	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	\$7.67	\$0.50	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.26	\$74.38	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	9.41 (FRV)	\$0.50	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.26	\$74.38	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2906									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.87	\$95.99	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	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	\$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	\$215.62	\$105.64	\$0.00	\$22.47	\$23.00	\$0.00	\$50.25	\$4.35	\$9.41	\$0.50	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.89										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GLENWOOD HEALTH AND REHABILITATION CENTER Prvdr ID: 00220514A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23			Growth Allowance: N/A Qtrly BIMS score: 32.10% Nurse Hours per On-Site Day/Quality Incentive: 2.71				0.00%	2.5%	Base Period Overall CMI: 1.5491 Quarterly Medicaid CMI: 1.9389 Qtrly Mcaid CMI w RUG Wght Options: 1.9763			1.5491	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,695,913	\$7,917,216	\$0	\$1,153,334	\$973,086	\$0	\$1,324,966		\$1,327,311	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$637,045	(\$29,748)	\$0	(\$1,488)	\$0	\$3,202	\$759,556		(\$94,477)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$25,508			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$94,477	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,452,943	\$7,887,468	\$0	\$1,151,846	\$973,086	\$3,202	\$2,084,522	\$25,508	\$1,232,834	\$94,477	
8	Total Nursing Facility Days As Filed Days = 66,608	FY21 Audited C/R Days	66,608										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,608	FY21 GL-PL Ins Rpt Days								66,608			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.98	\$118.42	\$0.00	\$17.29	\$14.66	(with L&H)	\$31.30	\$0.38	\$18.51	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5491									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.44									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.44	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	\$18.51	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.00	\$76.44	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	7.51 (FRV)	\$1.42	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.00	\$76.44	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9763									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.63	\$151.07	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.78	\$3.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.43	\$7.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.06	\$158.40	\$0.00	\$17.51	\$15.07	\$0.00	\$48.77	\$0.38	\$7.51	\$1.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.97										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FOUNTAIN BLUE REHAB AND NURSING		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00222582A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7353	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	37.29%	Quarterly Medicaid CMI:				1.6442	1.5932	
					2.91	Qtrly Mcaid CMI w RUG Wght Options:				1.6763	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,191,381	\$2,848,119	\$0	\$430,246	\$474,229	\$0	\$875,695		\$563,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,388)	(\$2,033)	\$0	\$0	\$0	\$1,328	(\$175,490)		(\$68,193)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$176,195		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,193
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,191,381	\$2,846,086	\$0	\$430,246	\$474,229	\$1,328	\$700,205	\$176,195	\$494,899	\$68,193
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,747	26,747								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,747		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.10	\$106.41	\$0.00	\$16.09	\$17.78	(with L&H)	\$26.18	\$6.59	\$18.50	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7353								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.32	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	\$18.50	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.72	\$61.32	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	9.21 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.72	\$61.32	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6763								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.19	\$102.79	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
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	\$24.28	\$6.18	\$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	\$205.47	\$108.97	\$0.00	\$16.31	\$18.19	\$0.00	\$43.65	\$6.59	\$9.21	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: EATONTON HEALTH AND REHABILITATION Prvdr ID: 00223473A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 22.22% Nurse Hours per On-Site Day/Quality Incentive: 3.68			Facility Score: N/A Add-on Percent: 0.00% 1.0% 5.0%			Base Period Overall CMI: 1.2738 Quarterly Medicaid CMI: 1.3966 Qtrly Mcaid CMI w RUG Wght Options: 1.4194			1.2738	1.5751	1.3966	1.5932	1.4194	1.6218
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,241,102	\$2,152,673	\$0	\$415,855	\$493,705	\$0	\$765,401		\$413,468	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$148,191)	(\$2,503)	\$0	(\$612)	\$0	(\$529)	(\$116,581)		(\$27,966)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,005																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,966															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,229,882	\$2,150,170	\$0	\$415,243	\$493,705	(\$529)	\$648,820	\$109,005	\$385,502	\$27,966															
8	Total Nursing Facility Days	FY21 Audited C/R Days	21,448																								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,448																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.20	\$100.25	\$0.00	\$19.36	\$22.99	(with L&H)	\$30.25	\$5.08	\$17.97	\$1.30															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2738																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.70																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.70	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	\$17.97	\$1.30															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.51	\$78.70	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	9.83 (FRV)	\$1.30															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.51	\$78.70	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4194																							
18	Qtrly Routine Srvc 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	\$200.52	\$111.71	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$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	\$225.86	\$118.95	\$0.00	\$19.58	\$23.40	\$0.00	\$47.72	\$5.08	\$9.83	\$1.30															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.57																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHESTNUT RIDGE NSG & REHAB CTR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00228049A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7280	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	21.18%	Quarterly Medicaid CMI:				1.6106	1.5932	
					2.94	Qtrly Mcaid CMI w RUG Wght Options:				1.6391	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,351,671	\$5,262,946	\$0	\$787,045	\$653,515	\$0	\$1,536,523		\$1,111,642	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$46,735)	(\$741)	\$0	(\$13,528)	\$0	\$14,269	(\$15,322)		(\$31,413)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,322		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,413
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,351,671	\$5,262,205	\$0	\$773,517	\$653,515	\$14,269	\$1,521,201	\$15,322	\$1,080,229	\$31,413
8	Total Nursing Facility Days	As Filed Days = 41,405 FY21 Audited C/R Days	41,405									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,405 FY21 GL-PL Ins Rpt Days								41,405		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.86	\$127.09	\$0.00	\$18.68	\$16.13	(with L&H)	\$36.74	\$0.37	\$26.09	\$0.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7280								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.55	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	\$26.09	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.02	\$73.55	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	8.79 (FRV)	\$0.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.02	\$73.55	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6391								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.03	\$120.56	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.29	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.13		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
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	\$22.01	\$4.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.23	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.04	\$124.71	\$0.00	\$18.90	\$16.54	\$0.00	\$53.97	\$0.37	\$8.79	\$0.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MANOR CARE REHABILITATION CENTER - MARIETTA		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00236211A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5440	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	8.89%	Quarterly Medicaid CMI:				1.8995	1.5932	
					3.69	Qtrly Mcaid CMI w RUG Wght Options:				1.9364	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,993,093	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$2,011,856		\$308,370	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,866)	\$0	\$0	\$0	\$0	\$0	(\$28,579)		(\$64,287)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$24,378		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$66,657
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,991,262	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$1,983,277	\$24,378	\$244,083	\$66,657
8	Total Nursing Facility Days As Filed Days = 31,838	FY21 Audited C/R Days	31,838									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,838	FY21 GL-PL Ins Rpt Days								31,838		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.41	\$162.35	\$0.00	\$26.12	\$21.12	(with L&H)	\$62.29	\$0.77	\$7.67	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5440								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$105.15	\$0.00	\$26.12	\$21.12		\$62.29	\$0.77	\$7.67	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.18	\$99.82	\$0.00	\$26.12	\$21.12		\$36.91	\$0.77	11.35 (FRV)	\$2.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.18	\$99.82	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9364								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$193.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$291.65	\$193.29	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.53	\$5.80	\$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	\$315.18	\$199.09	\$0.00	\$26.34	\$21.53	\$0.00	\$54.01	\$0.77	\$11.35	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$223.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SAVANNAH Prvdr ID: 00238323A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8215	1.5751		
				Qtrly BIMS score	22.62%	1.0%	Quarterly Medicaid CMI:			1.7728	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	3.52	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8063	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,281,417	\$4,947,476	\$0	\$594,312	\$910,695	\$0	\$1,853,808		\$975,126	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$626,544)	(\$67,288)	\$0	\$0	\$10,640	\$12,259	(\$465,159)		(\$116,996)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$523,002			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$119,697	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,297,572	\$4,880,188	\$0	\$594,312	\$921,335	\$12,259	\$1,388,649	\$523,002	\$858,130	\$119,697	
8	Total Nursing Facility Days	As Filed Days = 38,491 FY21 Audited C/R Days	38,491										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,491 FY21 GL-PL Ins Rpt Days								38,491			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.55	\$126.79	\$0.00	\$15.44	\$24.25	(with L&H)	\$36.08	\$13.59	\$22.29	\$3.11	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8215									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.61									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.61	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	\$22.29	\$3.11	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.23	\$69.61	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	29.15 (FRV)	\$3.11	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.23	\$69.61	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8063									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.74									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.36	\$125.74	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11	
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.29	\$6.29									
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	\$26.18	\$8.08	\$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	\$273.54	\$133.82	\$0.00	\$15.66	\$24.66	\$0.00	\$53.55	\$13.59	\$29.15	\$3.11	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.33										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: RESORTS AT POOLER INC Prvdr ID: 00238741A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A				Base Period Overall CMI: 1.5159				1.5159	1.5751
			Qtrly BIMS score: 18.64%				Quarterly Medicaid CMI: 1.8185				1.8185	1.5932
			Nurse Hours per On-Site Day/Quality Incentive: 4.28				Qtrly Mcaid CMI w RUG Wght Options: 1.8534				1.8534	1.6218
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$913,867		\$3,544,039	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$256,644)	\$0	\$0	\$0	\$0	\$0	(\$192,605)		(\$64,039)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$192,605		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$64,039
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$721,262	\$192,605	\$3,480,000	\$64,039
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,733									
	As Filed Days = 26,733											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,733		
	As Filed Days = 26,733											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$311.14	\$105.69	\$0.00	\$14.72	\$23.97	<i>(with L&H)</i>	\$26.98	\$7.20	\$130.18	\$2.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5159								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.72	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	\$130.18	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.99	\$69.72	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	8.00	\$2.40
											<i>(FRV)</i>	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.99	\$69.72	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8534								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.49	\$129.22	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.88	\$3.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.41	\$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	\$235.00	\$133.63	\$0.00	\$14.94	\$24.38	\$0.00	\$44.45	\$7.20	\$8.00	\$2.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WINDERMERE HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00241678A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6170	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.62%	2.5%	Quarterly Medicaid CMI:			1.9443	1.5932
							3.55	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9820	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,304,784	\$3,694,551	\$0	\$590,810	\$518,891	\$0	\$1,641,856		\$1,858,676	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$551,721)	(\$144,488)	\$0	(\$5,975)	(\$3,978)	\$5,036	(\$351,398)		(\$50,918)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$221,572			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$61,483	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,036,118	\$3,550,063	\$0	\$584,835	\$514,913	\$5,036	\$1,290,458	\$221,572	\$1,807,758	\$61,483	
8	Total Nursing Facility Days	As Filed Days = 28,524 FY21 Audited C/R Days	28,524										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,524 FY21 GL-PL Ins Rpt Days								28,524			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$281.74	\$124.46	\$0.00	\$20.50	\$18.23	(with L&H)	\$45.24	\$7.77	\$63.38	\$2.16	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6170									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.97									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.97	\$0.00	\$20.50	\$18.23		\$45.24	\$7.77	\$63.38	\$2.16	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.24	\$76.97	\$0.00	\$20.50	\$18.23		\$36.91	\$7.77	10.70 (FRV)	\$2.16	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.24	\$76.97	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9820									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.82	\$152.55	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.81	\$3.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.53	\$1.53									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.60	\$5.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$272.42	\$158.42	\$0.00	\$20.72	\$18.64	\$0.00	\$54.01	\$7.77	\$10.70	\$2.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.49										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - AUGUSTA HILLS Prvdr ID: 00245055A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A		Qtrly BIMS score: 31.17%	Nurse Hours per On-Site Day/Quality Incentive: 3.17	0.00%	2.5%	5.0%	Base Period Overall CMI: 1.5897				1.5751	1.5932
								Quarterly Medicaid CMI: 1.5781				1.6062	1.6218	
								Qtrly Mcaid CMI w RUG Wght Options: 1.6062						
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,210,798	\$3,131,302	\$0	\$559,223	\$776,800	\$0	\$1,341,738		\$401,735	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$607,851)	(\$108,119)	\$0	\$0	\$0	\$383	(\$442,308)		(\$57,807)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$547,187				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,690		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,197,824	\$3,023,183	\$0	\$559,223	\$776,800	\$383	\$899,430	\$547,187	\$343,928	\$47,690		
8	Total Nursing Facility Days As Filed Days = 28,019	FY21 Audited C/R Days	28,019											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,019	FY21 GL-PL Ins Rpt Days								28,019				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.20	\$107.90	\$0.00	\$19.96	\$27.74	(with L&H)	\$32.10	\$19.53	\$12.27	\$1.70		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5897										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.88										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.88	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	\$12.27	\$1.70		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.41	\$67.88	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	8.50 (FRV)	\$1.70		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.41	\$67.88	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6062										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.03										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.56	\$109.03	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$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	\$245.37	\$117.74	\$0.00	\$20.18	\$28.15	\$0.00	\$49.57	\$19.53	\$8.50	\$1.70		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.20											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MAGNOLIA MANOR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00252007A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6783	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	12.12%	0.0%	Quarterly Medicaid CMI:			1.6440	1.5932
							3.56	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6755	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,613,079	\$3,167,474	\$0	\$448,042	\$948,885	\$0	\$1,372,740		\$675,938	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$542,583)	(\$89,719)	\$0	\$0	\$0	\$2,343	(\$342,891)		(\$112,316)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$423,022			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$112,316	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,605,834	\$3,077,755	\$0	\$448,042	\$948,885	\$2,343	\$1,029,849	\$423,022	\$563,622	\$112,316	
8	Total Nursing Facility Days	As Filed Days = 26,707 FY21 Audited C/R Days	26,707										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,707 FY21 GL-PL Ins Rpt Days								26,707			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$247.35	\$115.24	\$0.00	\$16.78	\$35.62	(with L&H)	\$38.56	\$15.84	\$21.10	\$4.21	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6783									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.66									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.66	\$0.00	\$16.78	\$35.62		\$38.56	\$15.84	\$21.10	\$4.21	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.23	\$68.66	\$0.00	\$16.78	\$33.28		\$36.91	\$15.84	27.55 (FRV)	\$4.21	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.23	\$68.66	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6755									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.61	\$115.04	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	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	\$23.60	\$6.28	\$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	\$273.21	\$121.32	\$0.00	\$17.00	\$33.28	\$0.00	\$54.01	\$15.84	\$27.55	\$4.21	
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 FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: PRUITTHEALTH - DECATUR Prvdr ID: 00252942A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A Qtrly BIMS score: 28.95% Nurse Hours per On-Site Day/Quality Incentive: 3.67				Add-on Percent: 0.00% 1.0% 5.0%				Base Period Overall CMI: 1.5018 Quarterly Medicaid CMI: 1.4372 Qtrly Mcaid CMI w RUG Wght Options: 1.4608	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,408,103	\$5,758,589	\$0	\$857,375	\$1,058,815	\$0	\$2,031,659		\$701,665	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$722,196)	(\$89,521)	\$0	\$0	(\$5,104)	(\$2,740)	(\$557,838)		(\$66,993)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$634,296		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$66,376
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,386,579	\$5,669,068	\$0	\$857,375	\$1,053,711	(\$2,740)	\$1,473,821	\$634,296	\$634,672	\$66,376
8	Total Nursing Facility Days	As Filed Days = 46,345 FY21 Audited C/R Days	46,345									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,345 FY21 GL-PL Ins Rpt Days								46,345		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.11	\$122.32	\$0.00	\$18.50	\$22.68	(with L&H)	\$31.80	\$13.69	\$13.69	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5018								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.45	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	\$13.69	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.28	\$81.45	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	14.73 (FRV)	\$1.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.28	\$81.45	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4608								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.81	\$118.98	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.95	\$5.95								
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	\$25.77	\$7.67	\$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	\$247.58	\$126.65	\$0.00	\$18.72	\$23.09	\$0.00	\$49.27	\$13.69	\$14.73	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LAFAYETTE Prvdr ID: 00254394A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 30.67% Nurse Hours per On-Site Day/Quality Incentive: 3.12				N/A	0.00% 2.5% 4.0%	Base Period Overall CMI: 1.4247 Quarterly Medicaid CMI: 1.5091 Qtrly Mcaid CMI w RUG Wght Options: 1.5358				1.4247 1.5091 1.5358	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,304,528	\$2,720,017	\$0	\$415,037	\$639,098	\$0	\$1,168,314		\$362,062	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$472,545)	(\$72,883)	\$0	\$0	(\$3,224)	(\$4,281)	(\$367,170)		(\$24,987)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$434,816			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,180	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,292,979	\$2,647,134	\$0	\$415,037	\$635,874	(\$4,281)	\$801,144	\$434,816	\$337,075	\$26,180	
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,283										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,283			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.38	\$100.72	\$0.00	\$15.79	\$24.03	(with L&H)	\$30.48	\$16.54	\$12.82	\$1.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4247									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.70									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.70	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	\$12.82	\$1.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.62	\$70.70	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	9.08 (FRV)	\$1.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.62	\$70.70	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$1.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5358									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.50	\$108.58	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.34	\$4.34									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.68	\$7.58	\$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	\$231.18	\$116.16	\$0.00	\$16.01	\$24.44	\$0.00	\$47.95	\$16.54	\$9.08	\$1.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.56										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - WEST ATLANTA Prvdr ID: 00256088A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 23.68% Nurse Hours per On-Site Day/Quality Incentive: 3.60				0.00%	1.0%	Base Period Overall CMI: 1.5051 Quarterly Medicaid CMI: 1.6257 Qtrly Mcaid CMI w RUG Wght Options: 1.6559				1.5751	1.5932	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,083,206	\$4,014,888	\$0	\$461,505	\$895,097	\$0	\$1,454,029		\$257,687	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$647,432)	(\$188,367)	\$0	\$0	(\$1,292)	(\$509)	(\$378,907)		(\$78,357)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$522,301				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$78,073		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,036,148	\$3,826,521	\$0	\$461,505	\$893,805	(\$509)	\$1,075,122	\$522,301	\$179,330	\$78,073		
8	Total Nursing Facility Days As Filed Days = 30,633	FY21 Audited C/R Days	30,633											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,633	FY21 GL-PL Ins Rpt Days								30,633				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.69	\$124.91	\$0.00	\$15.07	\$29.16	(with L&H)	\$35.10	\$17.05	\$5.85	\$2.55		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5051										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.99										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.99	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	\$5.85	\$2.55		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.51	\$82.99	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	11.59 (FRV)	\$2.55		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.51	\$82.99	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6559										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.42										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.94	\$137.42	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.37	\$1.37										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.87	\$6.87										
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	\$26.87	\$8.77	\$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	\$274.81	\$146.19	\$0.00	\$15.29	\$29.57	\$0.00	\$52.57	\$17.05	\$11.59	\$2.55		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.28											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: BAINBRIDGE HEALTH AND REHAB Prvdr ID: 00258915A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.9312	1.5751
							22.81%	1.0%					1.8848	1.5932
							3.39	4.0%					1.9201	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,473,601	\$2,061,357	\$0	\$469,989	\$479,279	\$0	\$1,491,645		\$971,331	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$67,797)	\$21,177	\$0	\$0	\$0	\$0	(\$59,499)		(\$29,475)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$29,010				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,475		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,464,289	\$2,082,534	\$0	\$469,989	\$479,279	\$0	\$1,432,146	\$29,010	\$941,856	\$29,475		
8	Total Nursing Facility Days	As Filed Days = 27,042 FY21 Audited C/R Days		27,042										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,042 FY21 GL-PL Ins Rpt Days								27,042				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.06	\$77.01	\$0.00	\$17.38	\$17.72	(with L&H)	\$52.96	\$1.07	\$34.83	\$1.09		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9312										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.88										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$39.88	\$0.00	\$17.38	\$17.72		\$52.96	\$1.07	\$34.83	\$1.09		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.97	\$39.88	\$0.00	\$17.38	\$17.72		\$36.91	\$1.07	8.92 (FRV)	\$1.09		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.97	\$39.88	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9201										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.57										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.66	\$76.57	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$22.09	\$4.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.75	\$80.93	\$0.00	\$17.60	\$18.13	\$0.00	\$54.01	\$1.07	\$8.92	\$1.09		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.49											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - COVINGTON		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00265196A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.6035	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	16.39%	Quarterly Medicaid CMI:				1.7012	1.5932	
					3.42	Qtrly Mcaid CMI w RUG Wght Options:				1.7332	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,912,617	\$2,635,846	\$0	\$346,846	\$546,352	\$0	\$971,836		\$411,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$319,351)	(\$108,314)	\$0	\$0	\$0	\$185	(\$177,137)		(\$34,085)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$284,431		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,824
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,907,521	\$2,527,532	\$0	\$346,846	\$546,352	\$185	\$794,699	\$284,431	\$377,652	\$29,824
8	Total Nursing Facility Days As Filed Days = 22,406	FY21 Audited C/R Days	22,406									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,406	FY21 GL-PL Ins Rpt Days								22,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.02	\$112.81	\$0.00	\$15.48	\$24.39	(with L&H)	\$35.47	\$12.69	\$16.85	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6035								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.35	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	\$16.85	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.34	\$70.35	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	10.63 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.34	\$70.35	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7332								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.92	\$121.93	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.32	\$7.32								
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	\$25.95	\$7.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.87	\$129.78	\$0.00	\$15.70	\$24.80	\$0.00	\$52.94	\$12.69	\$10.63	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAGRANGE HEALTH AND REHAB Prvdr ID: 00270245A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 24.14% Nurse Hours per On-Site Day/Quality Incentive: 2.89				N/A	0.00% 1.0% 3.0%	Base Period Overall CMI: 1.6078 Quarterly Medicaid CMI: 1.6191 Qtrly Mcaid CMI w RUG Wght Options: 1.6511			1.6078 1.6191 1.6511	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,234,242	\$2,961,580	\$0	\$515,109	\$598,628	\$0	\$938,777		\$1,220,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$117,853)	(\$3,163)	\$0	\$0	\$0	\$0	(\$69,414)		(\$45,276)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,276
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,161,665	\$2,958,417	\$0	\$515,109	\$598,628	\$0	\$869,363	\$0	\$1,174,872	\$45,276
8	Total Nursing Facility Days	As Filed Days = 26,582 FY21 Audited C/R Days	26,582									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,582 FY21 GL-PL Ins Rpt Days								26,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.79	\$111.29	\$0.00	\$19.38	\$22.52	(with L&H)	\$32.70	\$0.00	\$44.20	\$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6078								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.22	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	\$44.20	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.12	\$69.22	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	10.60 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.12	\$69.22	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6511								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.19	\$114.29	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
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	\$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	\$224.39	\$119.39	\$0.00	\$19.60	\$22.93	\$0.00	\$50.17	\$0.00	\$10.60	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LUMBER CITY NURSING & REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00270256A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7056	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	33.93%	Quarterly Medicaid CMI:				1.6853	1.5932	
					2.92	Qtrly Mcaid CMI w RUG Wght Options:				1.7188	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,495,483	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$640,127		\$1,006,484	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,822)	\$0	\$0	\$0	\$0	\$0	(\$68,341)		(\$24,481)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,559		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,481
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,482,701	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$571,786	\$55,559	\$982,003	\$24,481
8	Total Nursing Facility Days	As Filed Days = 21,134 FY21 Audited C/R Days	21,134									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,134 FY21 GL-PL Ins Rpt Days								21,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.12	\$99.59	\$0.00	\$16.14	\$19.07	(with L&H)	\$27.06	\$2.63	\$46.47	\$1.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7056								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.39	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	\$46.47	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.41	\$58.39	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	9.96 (FRV)	\$1.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.41	\$58.39	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7188								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.38	\$100.36	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.15	\$6.05	\$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	\$200.53	\$106.41	\$0.00	\$16.36	\$19.48	\$0.00	\$44.53	\$2.63	\$9.96	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WILLOWOOD HEALTHCARE AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00271829A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.8038	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	27.91%	Quarterly Medicaid CMI:				2.0280	1.5932	
					2.88	Qtrly Mcaid CMI w RUG Wght Options:				2.0684	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,229,778	\$2,612,599	\$0	\$547,841	\$426,159	\$0	\$977,519		\$665,660	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$248,424)	\$0	\$0	\$0	(\$851)	(\$801)	(\$210,772)		(\$36,000)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$210,772		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,861
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,227,987	\$2,612,599	\$0	\$547,841	\$425,308	(\$801)	\$766,747	\$210,772	\$629,660	\$35,861
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,538									
	As Filed Days = 28,538											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,538		
	As Filed Days = 28,538											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.21	\$91.55	\$0.00	\$19.20	\$14.88	(with L&H)	\$26.87	\$7.39	\$22.06	\$1.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8038								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.75	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	\$22.06	\$1.26
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.98	\$50.75	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	8.63 (FRV)	\$1.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.98	\$50.75	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0684								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.20	\$104.97	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.03	\$109.70	\$0.00	\$19.42	\$15.29	\$0.00	\$44.34	\$7.39	\$8.63	\$1.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.70									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: CRESTVIEW HEALTH & REHAB CTR Prvdr ID: 00273567A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3901	1.5751
							34.70%	2.5%					1.3019	1.5932
							1.94	1.0%					1.3221	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
Peer Group Standards & Efficiency Measure Limits														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$25,073,162	\$13,127,953	\$0	\$2,750,383	\$2,165,295	\$1,101,918	\$4,174,714		\$1,752,899	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$290,759)	\$0	\$0	\$0	\$11,715	\$5,961	(\$134,798)		(\$173,637)			
										\$100,000				
As Filed FY21 GL/PL Rpt														
As Filed FY21 C/R														
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,885,991	\$13,127,953	\$0	\$2,750,383	\$2,177,010	\$1,107,879	\$4,039,916	\$100,000	\$1,579,262	\$3,588		
8	Total Nursing Facility Days	As Filed Days = 106,099 FY21 Audited C/R Days	106,099											
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 106,099 FY21 GL-PL Ins Rpt Days								106,099				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.54	\$123.73	\$0.00	\$25.92	\$30.96	(with L&H)	\$38.08	\$0.94	\$14.88	\$0.03		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3901										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.01										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.01	\$0.00	\$25.92	\$30.96		\$38.08	\$0.94	\$14.88	\$0.03		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.42	\$89.01	\$0.00	\$25.92	\$30.96		\$36.91	\$0.94	10.65 (FRV)	\$0.03		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.42	\$89.01	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3221										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.68										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.09	\$117.68	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03		
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.18	\$1.18										
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	\$5.28	\$4.65	\$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	\$228.37	\$122.33	\$0.00	\$26.14	\$31.37	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.28											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CRISP REGIONAL NSG & REHAB CTR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00274128A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.8356	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	34.55%	Quarterly Medicaid CMI:				1.7498	1.5932	
					4.21	Qtrly Mcaid CMI w RUG Wght Options:				1.7831	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,965,708	\$3,214,189	\$0	\$568,532	\$254,086	\$364,358	\$1,183,820		\$380,723	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$84,180)	\$192,250	\$0	\$0	(\$523)	(\$51,127)	(\$212,005)		(\$12,775)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$71,384		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,785
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,965,697	\$3,406,439	\$0	\$568,532	\$253,563	\$313,231	\$971,815	\$71,384	\$367,948	\$12,785
8	Total Nursing Facility Days	As Filed Days = 19,654 FY21 Audited C/R Days	19,654									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,654 FY21 GL-PL Ins Rpt Days								19,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$303.54	\$173.32	\$0.00	\$28.93	\$28.84	(with L&H)	\$49.45	\$3.63	\$18.72	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8356								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.42	\$0.00	\$28.93	\$28.84		\$49.45	\$3.63	\$18.72	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.24	\$94.42	\$0.00	\$28.93	\$28.84		\$36.91	\$3.63	12.86 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.24	\$94.42	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7831								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$168.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.18	\$168.36	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.21	\$4.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37								
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	\$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	\$306.02	\$176.47	\$0.00	\$29.15	\$29.25	\$0.00	\$54.01	\$3.63	\$12.86	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$216.69									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: THOMASVILLE HEALTH & REHAB, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00277604A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6481	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	41.94%	2.5%	Quarterly Medicaid CMI:			1.8800	1.5932
							3.09	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9175	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,863,334	\$1,312,669	\$0	\$319,275	\$285,297	\$0	\$547,400		\$398,693	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$52,525)	(\$4,942)	\$0	\$0	\$0	\$0	(\$29,869)		(\$17,714)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,714	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,828,523	\$1,307,727	\$0	\$319,275	\$285,297	\$0	\$517,531	\$0	\$380,979	\$17,714	
8	Total Nursing Facility Days	As Filed Days = 13,719 FY21 Audited C/R Days	13,719										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 13,719 FY21 GL-PL Ins Rpt Days								13,719			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.17	\$95.32	\$0.00	\$23.27	\$20.80	(with L&H)	\$37.72	\$0.00	\$27.77	\$1.29	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6481									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$23.27	\$20.80		\$37.72	\$0.00	\$27.77	\$1.29	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.66	\$57.84	\$0.00	\$23.27	\$20.80		\$36.91	\$0.00	10.55 (FRV)	\$1.29	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.66	\$57.84	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9175									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.73	\$110.91	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$23.25	\$5.52	\$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	\$226.98	\$116.43	\$0.00	\$23.49	\$21.21	\$0.00	\$54.01	\$0.00	\$10.55	\$1.29	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.41										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: DELMAR GARDENS OF SMYRNA Prvdr ID: 00296271A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5215	1.5751
							20.59%	1.0%					1.3121	1.5932
							4.00	3.0%					1.3295	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,583,660	\$4,172,188	\$0	\$858,148	\$899,316	\$0	\$1,244,503		\$409,505	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$171,981)	(\$68,055)	\$0	\$0	\$1,593	\$8,574	(\$44,122)		(\$69,971)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$83,100				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$70,215		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,564,994	\$4,104,133	\$0	\$858,148	\$900,909	\$8,574	\$1,200,381	\$83,100	\$339,534	\$70,215		
8	Total Nursing Facility Days	As Filed Days = 32,894 FY21 Audited C/R Days	32,894											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,894 FY21 GL-PL Ins Rpt Days								32,894				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.98	\$124.77	\$0.00	\$26.09	\$27.65	(with L&H)	\$36.49	\$2.53	\$10.32	\$2.13		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5215										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.01										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.01	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	\$10.32	\$2.13		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.28	\$82.01	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	12.38 (FRV)	\$2.13		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.28	\$82.01	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3295										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.03										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.30	\$109.03	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.93	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.23	\$113.92	\$0.00	\$26.31	\$28.06	\$0.00	\$53.90	\$2.53	\$12.38	\$2.13		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.60											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NHC HEALTHCARE FT OGLETHORPE		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00344759A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.2825	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	21.18%	Quarterly Medicaid CMI:				1.2747	1.5932	
					3.77	Qtrly Mcaid CMI w RUG Wght Options:				1.2949	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,635,829	\$4,941,021	\$0	\$880,223	\$874,293	\$0	\$1,567,555		\$372,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,798)	(\$23,391)	\$0	\$0	(\$3,161)	(\$3,426)	(\$209,600)		(\$64,220)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$209,600		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,736
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,605,367	\$4,917,630	\$0	\$880,223	\$871,132	(\$3,426)	\$1,357,955	\$209,600	\$308,517	\$63,736
8	Total Nursing Facility Days	As Filed Days = 42,758 FY21 Audited C/R Days	42,758									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,758 FY21 GL-PL Ins Rpt Days								42,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.26	\$115.01	\$0.00	\$20.59	\$20.29	(with L&H)	\$31.76	\$4.90	\$7.22	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2825								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.68	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	\$7.22	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.22	\$89.68	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	12.51 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.22	\$89.68	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2949								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.67	\$116.13	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48								
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	\$23.27	\$5.17	\$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	\$230.94	\$121.30	\$0.00	\$20.81	\$20.70	\$0.00	\$49.23	\$4.90	\$12.51	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.38									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRESBYTERIAN VILLAGE Prvdr ID: 00362832A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 46.67% Nurse Hours per On-Site Day/Quality Incentive: 4.82				N/A	0.00%	Base Period Overall CMI: 1.7786 Quarterly Medicaid CMI: 1.4452 Qtrly Mcaid CMI w RUG Wght Options: 1.4697				1.7786	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,691,375	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,975,109		\$644,447	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$164,404)	\$0	\$0	\$0	\$0	\$0	(\$144,638)		(\$19,766)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$129,346			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,766	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,676,083	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,830,471	\$129,346	\$624,681	\$19,766	
8	Total Nursing Facility Days	As Filed Days = 27,539 FY21 Audited C/R Days	27,539										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,539 FY21 GL-PL Ins Rpt Days								27,539			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$351.36	\$191.36	\$0.00	\$28.38	\$37.05	(with L&H)	\$66.47	\$4.70	\$22.68	\$0.72	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7786									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$107.59	\$0.00	\$28.38	\$37.05		\$66.47	\$4.70	\$22.68	\$0.72	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.67	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$4.70	22.42 (FRV)	\$0.72	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.67	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4697									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.56	\$146.71	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.07	\$8.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.40	\$4.40									
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	\$12.47	\$12.47	\$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	\$284.03	\$159.18	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$213.02										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CAMELLIA GARDENS OF LIFE CARE		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00366341A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.3820	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	20.93%	Quarterly Medicaid CMI:				1.4579	1.5932	
					3.13	Qtrly Mcaid CMI w RUG Wght Options:				1.4808	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,793,869	\$2,854,714	\$0	\$466,998	\$464,572	\$0	\$829,150		\$178,435	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$130,188)	(\$1,054)	\$0	(\$2,317)	(\$1,431)	\$1,435	(\$80,827)		(\$45,994)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,827		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,685
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,790,193	\$2,853,660	\$0	\$464,681	\$463,141	\$1,435	\$748,323	\$80,827	\$132,441	\$45,685
8	Total Nursing Facility Days	As Filed Days = 21,403 FY21 Audited C/R Days	21,403									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,403 FY21 GL-PL Ins Rpt Days								21,403		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.81	\$133.33	\$0.00	\$21.71	\$21.71	(with L&H)	\$34.96	\$3.78	\$6.19	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3820								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.47	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	\$6.19	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.50	\$96.47	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	9.74 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.50	\$96.47	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4808								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.88	\$142.85	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$264.08	\$151.95	\$0.00	\$21.93	\$22.12	\$0.00	\$52.43	\$3.78	\$9.74	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.24									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: QUIET OAKS HEALTH CARE CENTER Prvdr ID: 00370851A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 59.62% Nurse Hours per On-Site Day/Quality Incentive: 3.50				N/A	0.00%	Base Period Overall CMI: 1.5002 Quarterly Medicaid CMI: 1.5203 Qtrly Mcaid CMI w RUG Wght Options: 1.5498				1.5002	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,298,657	\$2,325,947	\$0	\$402,234	\$660,121	\$0	\$816,431		\$93,924	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,493)	(\$4,429)	\$0	\$1,176	\$984	\$5,112	(\$106,590)		(\$40,746)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,444			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,995	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,306,603	\$2,321,518	\$0	\$403,410	\$661,105	\$5,112	\$709,841	\$110,444	\$53,178	\$41,995	
8	Total Nursing Facility Days As Filed Days = 19,344	FY21 Audited C/R Days	19,344										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,344	FY21 GL-PL Ins Rpt Days								19,344			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.63	\$120.01	\$0.00	\$20.85	\$34.44	(with L&H)	\$36.70	\$5.71	\$2.75	\$2.17	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5002									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.00									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.00	\$0.00	\$20.85	\$34.44		\$36.70	\$5.71	\$2.75	\$2.17	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.98	\$80.00	\$0.00	\$20.85	\$33.28		\$36.70	\$5.71	12.27 (FRV)	\$2.17	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.98	\$80.00	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5498									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.96	\$123.98	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$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)	\$0.91	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.16		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.82	\$6.82									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.20	\$6.20									
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	\$31.03	\$13.55	\$0.00	\$0.22	\$0.00	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$265.99	\$137.53	\$0.00	\$21.07	\$33.28	\$0.00	\$53.96	\$5.71	\$12.27	\$2.17	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.67										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WESTWOOD HEALTHCARE AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00370862A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8838	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.96%	2.5%	Quarterly Medicaid CMI:			1.7954	1.5932
							3.25	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8309	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$644,395		\$263,617	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$152,182)	\$0	\$0	\$0	\$0	\$0	(\$119,552)		(\$32,630)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,552			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,630	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$524,843	\$119,552	\$230,987	\$32,630	
8	Total Nursing Facility Days As Filed Days = 14,406	FY21 Audited C/R Days	14,406										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,406	FY21 GL-PL Ins Rpt Days								14,406			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.89	\$113.61	\$0.00	\$21.15	\$17.10	(with L&H)	\$36.43	\$8.30	\$16.03	\$2.27	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8838									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.31									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.31	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	\$16.03	\$2.27	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.01	\$60.31	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	10.45 (FRV)	\$2.27	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.01	\$60.31	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8309									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.12	\$110.42	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$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)	\$1.52	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.36		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.59	\$5.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.46	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.71	\$115.92	\$0.00	\$21.37	\$17.51	\$0.00	\$53.89	\$8.30	\$10.45	\$2.27	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.46										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LIFE CARE CENTER OF GWINNETT Prvdr ID: 00370873A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 24.59% Nurse Hours per On-Site Day/Quality Incentive: 2.74				N/A	0.00% 1.0% 4.0%	Base Period Overall CMI: 1.5103 Quarterly Medicaid CMI: 1.5187 Qtrly Mcaid CMI w RUG Wght Options: 1.5432			1.5103 1.5187 1.5432	1.5751 1.5932 1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,323,178	\$3,159,074	\$0	\$677,534	\$799,881	\$0	\$1,268,941		\$417,748	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$262,957)	\$0	\$0	\$0	\$0	\$0	(\$161,998)		(\$100,959)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,998		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$100,959
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,323,178	\$3,159,074	\$0	\$677,534	\$799,881	\$0	\$1,106,943	\$161,998	\$316,789	\$100,959
8	Total Nursing Facility Days	FY21 Audited C/R Days	22,099									
	As Filed Days = 22,099											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,099		
	As Filed Days = 22,099											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$286.13	\$142.95	\$0.00	\$30.66	\$36.20	(with L&H)	\$50.09	\$7.33	\$14.33	\$4.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5103								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.65	\$0.00	\$30.66	\$36.20		\$50.09	\$7.33	\$14.33	\$4.57
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.30	\$94.65	\$0.00	\$26.82	\$33.28		\$36.91	\$7.33	11.74 (FRV)	\$4.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$215.30	\$94.65	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.71	\$146.06	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$24.93	\$7.83	\$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	\$291.64	\$153.89	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$7.33	\$11.74	\$4.57
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 FY2021 Cost Report Data

FINAL

Provider: DELMAR GARDENS OF GWINNETT Prvdr ID: 00395161A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6088	1.5751		
				Qtrly BIMS score	3.33%	0.0%	Quarterly Medicaid CMI:			1.5682	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive:	3.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5934	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,857,404	\$2,525,340	\$0	\$878,028	\$820,040	\$0	\$1,078,973		\$555,023	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$237,933)	(\$13,579)	\$0	\$0	(\$16,034)	(\$5,885)	(\$68,398)		(\$134,037)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$129,613	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,812,084	\$2,511,761	\$0	\$878,028	\$804,006	(\$5,885)	\$1,010,575	\$63,000	\$420,986	\$129,613	
8	Total Nursing Facility Days	As Filed Days = 19,298 FY21 Audited C/R Days	19,298										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,298 FY21 GL-PL Ins Rpt Days								19,298			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$301.19	\$130.16	\$0.00	\$45.50	\$41.36	(with L&H)	\$52.37	\$3.26	\$21.82	\$6.72	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6088									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.91									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.91	\$0.00	\$45.50	\$41.36		\$52.37	\$3.26	\$21.82	\$6.72	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.25	\$80.91	\$0.00	\$26.82	\$33.28		\$36.91	\$3.26	10.35 (FRV)	\$6.72	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.25	\$80.91	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5934									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.26	\$128.92	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87									
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	\$21.50	\$4.40	\$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	\$267.76	\$133.32	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$3.26	\$10.35	\$6.72	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.00										

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: CONDOR HEALTH LAFAYETTE		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00399737A		Growth Allowance:		N/A	0.00%	Base Period Overall CMI:				1.6513	1.5740	
H/B ? : No		Case Mix Per Diem Rate Effective Date: 04/01/24		BIMS	19.6%	Quarterly Medicaid CMI:				2.0658	1.3765	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		2.76	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				2.1064	1.3996	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
Inflation (July 2021) @ 4.30%												
Patient Days												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAKE CROSSING HEALTH CENTER Prvdr ID: 00403939A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 57.63% Nurse Hours per On-Site Day/Quality Incentive: 2.50				0.00%	5.5%	Base Period Overall CMI: 1.5577 Quarterly Medicaid CMI: 1.8068 Qtrly Mcaid CMI w RUG Wght Options: 1.8425			1.5751	1.5932	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,976,194	\$2,374,505	\$0	\$445,367	\$663,825	\$0	\$963,647		\$1,528,850	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$265,489)	\$0	\$0	\$0	\$0	(\$5,125)	(\$215,627)		(\$44,737)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$229,705			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,737	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,985,147	\$2,374,505	\$0	\$445,367	\$663,825	(\$5,125)	\$748,020	\$229,705	\$1,484,113	\$44,737	
8	Total Nursing Facility Days	As Filed Days = 27,902 FY21 Audited C/R Days	27,902										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,902 FY21 GL-PL Ins Rpt Days								27,902			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.50	\$85.10	\$0.00	\$15.96	\$23.61	(with L&H)	\$26.81	\$8.23	\$53.19	\$1.60	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5577									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.63									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.63	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	\$53.19	\$1.60	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.32	\$54.63	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	11.48 (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	\$142.32	\$54.63	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8425									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.35	\$100.66	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.54	\$5.54									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.19	\$9.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.54	\$109.75	\$0.00	\$16.18	\$24.02	\$0.00	\$44.28	\$8.23	\$11.48	\$1.60	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.83										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TOWNSEND PARK HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00404995A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.3178	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	46.67%	Quarterly Medicaid CMI:				1.2193	1.5932	
					3.65	Qtrly Mcaid CMI w RUG Wght Options:				1.2351	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,355,073	\$3,698,777	\$0	\$624,689	\$884,750	\$0	\$1,731,448		\$415,409	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$158,646)	(\$5,507)	\$0	(\$917)	\$0	\$820	(\$138,275)		(\$14,767)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$128,960		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,767
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,340,154	\$3,693,270	\$0	\$623,772	\$884,750	\$820	\$1,593,173	\$128,960	\$400,642	\$14,767
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,134									
	As Filed Days = 32,134											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,134		
	As Filed Days = 32,134											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.42	\$114.93	\$0.00	\$19.41	\$27.56	(with L&H)	\$49.58	\$4.01	\$12.47	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3178								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.21	\$0.00	\$19.41	\$27.56		\$49.58	\$4.01	\$12.47	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.85	\$87.21	\$0.00	\$19.41	\$27.56		\$36.91	\$4.01	14.29 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.85	\$87.21	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2351								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.35	\$107.71	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.92	\$5.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.39	\$5.39								
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	\$29.57	\$11.84	\$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	\$239.92	\$119.55	\$0.00	\$19.63	\$27.97	\$0.00	\$54.01	\$4.01	\$14.29	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.12									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FOUR COUNTY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00405292A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5838		1.5838	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Qtrly BIMS score: 47.92%		Nurse Hours per On-Site Day/Quality Incentive: 3.84		47.92%	5.5%	Quarterly Medicaid CMI: 1.3286		1.3286	1.5932		
								Qtrly Mcaid CMI w RUG Wght Options: 1.3491		1.3491	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,784,811	\$2,476,310	\$0	\$504,007	\$522,033	\$0	\$797,436		\$485,025	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$150,678)	(\$15,075)	\$0	(\$611)	\$0	(\$462)	(\$99,697)		(\$34,833)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,505			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,730	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,757,368	\$2,461,235	\$0	\$503,396	\$522,033	(\$462)	\$697,739	\$89,505	\$450,192	\$33,730	
8	Total Nursing Facility Days	As Filed Days = 21,395 FY21 Audited C/R Days		21,645									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,395 FY21 GL-PL Ins Rpt Days								21,645			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.81	\$113.71	\$0.00	\$23.26	\$24.10	(with L&H)	\$32.24	\$4.14	\$20.80	\$1.56	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5838									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.80									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.80	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	\$20.80	\$1.56	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.57	\$71.80	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	10.47 (FRV)	\$1.56	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.57	\$71.80	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3491									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.64	\$96.87	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.33	\$5.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.84	\$4.84									
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	\$28.80	\$10.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.44	\$107.57	\$0.00	\$23.48	\$24.51	\$0.00	\$49.71	\$4.14	\$10.47	\$1.56	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.26										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOUTHLAND HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00409054A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6255	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.53%	1.0%	Quarterly Medicaid CMI:			1.4108	1.5932
							3.83	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4320	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,886,085	\$4,416,545	\$0	\$814,426	\$1,052,395	\$0	\$1,466,368		\$2,136,351	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$211,649)	(\$4,214)	\$0	(\$1,031)	(\$5,378)	(\$6,362)	(\$122,044)		(\$72,620)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,200			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,887	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,907,523	\$4,412,331	\$0	\$813,395	\$1,047,017	(\$6,362)	\$1,344,324	\$161,200	\$2,063,731	\$71,887	
8	Total Nursing Facility Days As Filed Days = 36,118	FY21 Audited C/R Days	36,118										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,118	FY21 GL-PL Ins Rpt Days								36,118			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.30	\$122.16	\$0.00	\$22.52	\$28.81	(with L&H)	\$37.22	\$4.46	\$57.14	\$1.99	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6255									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.15									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.15	\$0.00	\$22.52	\$28.81		\$37.22	\$4.46	\$57.14	\$1.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.28	\$75.15	\$0.00	\$22.52	\$28.81		\$36.91	\$4.46	14.44 (FRV)	\$1.99	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.28	\$75.15	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4320									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.74	\$107.61	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99	
Quarterly 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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.38	\$5.38									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.72	\$6.99	\$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	\$241.46	\$114.60	\$0.00	\$22.74	\$29.22	\$0.00	\$54.01	\$4.46	\$14.44	\$1.99	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.27										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - TOOMSBORO		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00409494A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5376	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	41.30%	Quarterly Medicaid CMI:				1.4786	1.5932	
					3.37	Qtrly Mcaid CMI w RUG Wght Options:				1.5034	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,710,186	\$1,848,536	\$0	\$332,830	\$459,746	\$0	\$832,616		\$236,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,087)	(\$12,861)	\$0	\$0	(\$2,718)	(\$2,965)	(\$264,089)		(\$25,454)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$268,711		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,053
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,695,863	\$1,835,675	\$0	\$332,830	\$457,028	(\$2,965)	\$568,527	\$268,711	\$211,004	\$25,053
8	Total Nursing Facility Days	As Filed Days = 18,484 FY21 Audited C/R Days	18,484									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,484 FY21 GL-PL Ins Rpt Days								18,484		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.97	\$99.31	\$0.00	\$18.01	\$24.57	(with L&H)	\$30.76	\$14.54	\$11.42	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5376								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.59	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	\$11.42	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$64.59	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	13.35 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.18	\$64.59	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5034								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.69	\$97.10	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.86	\$4.86								
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	\$25.92	\$7.82	\$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	\$225.61	\$104.92	\$0.00	\$18.23	\$24.98	\$0.00	\$48.23	\$14.54	\$13.35	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.38									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHERRY BLOSSOM HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00413509A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6594	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.15%	2.5%	Quarterly Medicaid CMI:			1.4737	1.5932
							3.35	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4992	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,462,028	\$2,271,031	\$0	\$405,453	\$520,659	\$0	\$839,759		\$425,126	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$132,276)	(\$2,174)	\$0	(\$532)	\$0	(\$491)	(\$93,083)		(\$35,996)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,501			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,996	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,452,249	\$2,268,857	\$0	\$404,921	\$520,659	(\$491)	\$746,676	\$86,501	\$389,130	\$35,996	
8	Total Nursing Facility Days	As Filed Days = 18,633 FY21 Audited C/R Days	18,633										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,633 FY21 GL-PL Ins Rpt Days								18,633			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.94	\$121.77	\$0.00	\$21.73	\$27.92	(with L&H)	\$40.07	\$4.64	\$20.88	\$1.93	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6594									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.38	\$0.00	\$21.73	\$27.92		\$40.07	\$4.64	\$20.88	\$1.93	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.97	\$73.38	\$0.00	\$21.73	\$27.92		\$36.91	\$4.64	11.46 (FRV)	\$1.93	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.97	\$73.38	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4992									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.60	\$110.01	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.50	\$5.50									
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	\$26.51	\$8.78	\$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	\$241.11	\$118.79	\$0.00	\$21.95	\$28.33	\$0.00	\$54.01	\$4.64	\$11.46	\$1.93	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.01										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LEGACY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00415522A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.2628	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:				1.2505	1.5932
							3.57	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.2672	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,269,481	\$1,784,377	\$0	\$308,236	\$379,445	\$0	\$601,119		\$196,304	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$56,755	\$75,221	\$0	(\$358)	\$1,867	\$2,129	(\$13,672)		(\$8,432)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,535		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,386,771	\$1,859,598	\$0	\$307,878	\$381,312	\$2,129	\$587,447	\$52,000	\$187,872	\$8,535		
8	Total Nursing Facility Days	As Filed Days = 12,528 FY21 Audited C/R Days	12,528											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 12,528 FY21 GL-PL Ins Rpt Days								12,528				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$270.35	\$148.44	\$0.00	\$24.58	\$30.61	(with L&H)	\$46.89	\$4.15	\$15.00	\$0.68		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2628										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$117.54										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.54	\$0.00	\$24.58	\$30.61		\$46.89	\$4.15	\$15.00	\$0.68		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.72	\$99.82	\$0.00	\$24.58	\$30.61		\$36.91	\$4.15	36.97 (FRV)	\$0.68		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$233.72	\$99.82	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2672										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.49										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.39	\$126.49	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$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)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.06	\$5.06										
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	\$24.05	\$6.32	\$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	\$284.44	\$132.81	\$0.00	\$24.80	\$31.02	\$0.00	\$54.01	\$4.15	\$36.97	\$0.68		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.51											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FOUNTAINVIEW CTR FOR ALZHEIMER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00421429A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5801	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	80.70%	5.5%	Quarterly Medicaid CMI:			1.4538	1.5932
							4.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4755	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,537,401	\$4,542,297	\$0	\$850,028	\$990,796	\$0	\$1,401,964		\$752,316	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$503,560)	(\$38,081)	\$0	\$0	(\$1,864)	(\$1,679)	(\$159,028)		(\$302,908)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$197,109			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$301,825	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,532,775	\$4,504,216	\$0	\$850,028	\$988,932	(\$1,679)	\$1,242,936	\$197,109	\$449,408	\$301,825	
8	Total Nursing Facility Days	As Filed Days = 34,221 FY21 Audited C/R Days	34,221										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,221 FY21 GL-PL Ins Rpt Days								34,221			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.34	\$131.62	\$0.00	\$24.84	\$28.85	(with L&H)	\$36.32	\$5.76	\$13.13	\$8.82	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5801									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.30									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.30	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	\$13.13	\$8.82	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.91	\$83.30	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	14.02 (FRV)	\$8.82	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.91	\$83.30	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4755									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.52	\$122.91	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82	
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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.76	\$6.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69									
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	\$29.08	\$10.98	\$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	\$270.60	\$133.89	\$0.00	\$25.06	\$29.26	\$0.00	\$53.79	\$5.76	\$14.02	\$8.82	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.13										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: SANDY SPRINGS HEALTH AND REHABILITATION Prvdr ID: 00426214A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7712	1.5751
							38.54%	2.5%					2.0225	1.5932
							3.41	2.0%					2.0624	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,069,666	\$4,620,068	\$0	\$759,483	\$1,041,811	\$0	\$1,546,289		\$2,102,015	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$291,773	(\$7,404)	\$0	\$0	(\$3,219)	(\$4,619)	\$419,193		(\$112,178)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$97,412				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$111,335		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,570,186	\$4,612,664	\$0	\$759,483	\$1,038,592	(\$4,619)	\$1,965,482	\$97,412	\$1,989,837	\$111,335		
8	Total Nursing Facility Days	As Filed Days = 38,333 FY21 Audited C/R Days	38,333											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,333 FY21 GL-PL Ins Rpt Days								38,333				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$275.73	\$120.33	\$0.00	\$19.81	\$26.97	(with L&H)	\$51.27	\$2.54	\$51.91	\$2.90		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7712										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.94										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.94	\$0.00	\$19.81	\$26.97		\$51.27	\$2.54	\$51.91	\$2.90		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.58	\$67.94	\$0.00	\$19.81	\$26.97		\$36.91	\$2.54	12.51 (FRV)	\$2.90		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.58	\$67.94	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0624										
18	Qtrly Routine Srvc 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	\$241.76	\$140.12	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90		
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.50	\$3.50										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.56	\$6.83	\$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	\$266.32	\$146.95	\$0.00	\$20.03	\$27.38	\$0.00	\$54.01	\$2.54	\$12.51	\$2.90		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.92											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: TAYLOR COUNTY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00432924A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5157	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.10%	2.5%	Quarterly Medicaid CMI:			1.3807	1.5932
							3.03	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4031	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,566,496	\$2,299,287	\$0	\$451,866	\$477,815	\$0	\$860,560		\$476,968	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,310)	(\$2,495)	\$0	(\$611)	\$0	(\$445)	(\$89,909)		(\$42,850)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,355			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,850	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,555,391	\$2,296,792	\$0	\$451,255	\$477,815	(\$445)	\$770,651	\$82,355	\$434,118	\$42,850	
8	Total Nursing Facility Days	As Filed Days = 21,384 FY21 Audited C/R Days	21,384										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,384 FY21 GL-PL Ins Rpt Days								21,384			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.02	\$107.41	\$0.00	\$21.10	\$22.32	(with L&H)	\$36.04	\$3.85	\$20.30	\$2.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5157									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.87									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.87	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	\$20.30	\$2.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.11	\$70.87	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	10.93 (FRV)	\$2.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.11	\$70.87	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4031									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.68	\$99.44	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.97	\$5.97									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.09	\$8.99	\$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	\$222.77	\$108.43	\$0.00	\$21.32	\$22.73	\$0.00	\$53.51	\$3.85	\$10.93	\$2.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.25										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: HILL HAVEN NURSING HOME Prvdr ID: 00448456A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4440	1.5751
							53.45%	5.5%					1.4186	1.5932
							3.36	3.0%					1.4443	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,907,188	\$2,099,866	\$0	\$319,439	\$485,910	\$0	\$650,805		\$351,168	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$121,425)	\$0	\$0	\$0	\$0	\$0	(\$96,964)		(\$24,461)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$96,964				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,461		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,907,188	\$2,099,866	\$0	\$319,439	\$485,910	\$0	\$553,841	\$96,964	\$326,707	\$24,461		
8	Total Nursing Facility Days	FY21 Audited C/R Days	20,236											
	As Filed Days = 20,236													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,236				
	As Filed Days = 20,236													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.08	\$103.77	\$0.00	\$15.79	\$24.01	(with L&H)	\$27.37	\$4.79	\$16.14	\$1.21		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4440										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.86										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.86	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	\$16.14	\$1.21		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.19	\$71.86	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	11.16 (FRV)	\$1.21		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.19	\$71.86	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4443										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.79										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.12	\$103.79	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21		
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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.71	\$5.71										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$27.45	\$9.35	\$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	\$215.57	\$113.14	\$0.00	\$16.01	\$24.42	\$0.00	\$44.84	\$4.79	\$11.16	\$1.21		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.85											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: A.G. RHODES HOME, INC - COBB Prvdr ID: 00493292A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.8259	1.5751
							44.29%	2.5%					1.7577	1.5932
							3.77	5.0%					1.7902	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,890,251	\$5,946,738	\$0	\$1,172,668	\$1,234,835	\$0	\$2,174,633		\$361,377	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$260,210)	(\$43,643)	\$0	\$0	\$0	\$0	(\$172,149)		(\$44,418)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$172,149				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,418		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,846,608	\$5,903,095	\$0	\$1,172,668	\$1,234,835	\$0	\$2,002,484	\$172,149	\$316,959	\$44,418		
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,781											
	As Filed Days = 32,781													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,781				
	As Filed Days = 32,781													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$330.88	\$180.08	\$0.00	\$35.77	\$37.67	(with L&H)	\$61.09	\$5.25	\$9.67	\$1.35		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8259										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.62										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.62	\$0.00	\$35.77	\$37.67		\$61.09	\$5.25	\$9.67	\$1.35		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.56	\$98.62	\$0.00	\$26.82	\$33.28		\$36.91	\$5.25	15.33 (FRV)	\$1.35		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.56	\$98.62	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7902										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$176.55										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$295.49	\$176.55	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.41	\$4.41										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.83	\$8.83										
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	\$30.87	\$13.77	\$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	\$326.36	\$190.32	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.25	\$15.33	\$1.35		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$231.95											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: CAMBRIDGE POST ACUTE CARE CENTER Prvdr ID: 00494139A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.7785	1.5751
							38.30%	2.5%					1.7018	1.5932
							3.26	2.0%					1.7324	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,828,658	\$4,224,839	\$0	\$726,307	\$834,370	\$0	\$1,607,207		\$2,435,935	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$423,627)	\$0	\$0	\$0	\$0	\$0	(\$282,987)		(\$140,640)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$282,987				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$140,640		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,828,658	\$4,224,839	\$0	\$726,307	\$834,370	\$0	\$1,324,220	\$282,987	\$2,295,295	\$140,640		
8	Total Nursing Facility Days As Filed Days = 41,130	FY21 Audited C/R Days	41,130											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,130	FY21 GL-PL Ins Rpt Days								41,130				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$238.98	\$102.72	\$0.00	\$17.66	\$20.29	(with L&H)	\$32.20	\$6.88	\$55.81	\$3.42		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7785										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.76										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.76	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	\$55.81	\$3.42		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.81	\$57.76	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	11.60 (FRV)	\$3.42		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.81	\$57.76	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7324										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.06										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.11	\$100.06	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42		
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.03	\$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	\$215.24	\$105.09	\$0.00	\$17.88	\$20.70	\$0.00	\$49.67	\$6.88	\$11.60	\$3.42		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.61											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: POWDER SPRINGS CENTER FOR NURSING & HEALING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00530824A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6584	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.45%	1.0%	Quarterly Medicaid CMI:			2.0243	1.5932
							3.49	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0634	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,671,176	\$3,452,580	\$0	\$558,715	\$527,157	\$0	\$1,552,653		\$580,071	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$392,028)	(\$57,539)	\$0	\$0	\$5,747	\$8,309	(\$299,325)		(\$49,220)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,864			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,532	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,686,544	\$3,395,041	\$0	\$558,715	\$532,904	\$8,309	\$1,253,328	\$356,864	\$530,851	\$50,532	
8	Total Nursing Facility Days	As Filed Days = 29,721 FY21 Audited C/R Days	29,721										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,721 FY21 GL-PL Ins Rpt Days								29,721			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.98	\$114.23	\$0.00	\$18.80	\$18.21	(with L&H)	\$42.17	\$12.01	\$17.86	\$1.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6584									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.88									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.88	\$0.00	\$18.80	\$18.21		\$42.17	\$12.01	\$17.86	\$1.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.73	\$68.88	\$0.00	\$18.80	\$18.21		\$36.91	\$12.01	13.22 (FRV)	\$1.70	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.73	\$68.88	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0634									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.98	\$142.13	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.94	\$6.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.92	\$148.34	\$0.00	\$19.02	\$18.62	\$0.00	\$54.01	\$12.01	\$13.22	\$1.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.37										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: JONESBORO NURSING AND REHABILITATION CENTER Prvdr ID: 00531033A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23			Growth Allowance: N/A Qtrly BIMS score: 17.00% Nurse Hours per On-Site Day/Quality Incentive: 3.59				N/A	0.00%	Base Period Overall CMI: 1.6493 Quarterly Medicaid CMI: 1.5409 Qtrly Mcaid CMI w RUG Wght Options: 1.5698			1.6493	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,515,848	\$4,133,944	\$0	\$604,027	\$547,589	\$0	\$1,461,089		\$769,199	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$95,359)	(\$39,860)	\$0	(\$1,500)	(\$1,008)	(\$1,345)	\$34,921		(\$86,567)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$85,959	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,506,448	\$4,094,084	\$0	\$602,527	\$546,581	(\$1,345)	\$1,496,010	\$0	\$682,632	\$85,959	
8	Total Nursing Facility Days As Filed Days = 40,676	FY21 Audited C/R Days	40,676										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,676	FY21 GL-PL Ins Rpt Days								40,676			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.53	\$100.65	\$0.00	\$14.81	\$13.40	(with L&H)	\$36.78	\$0.00	\$16.78	\$2.11	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6493									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	\$16.78	\$2.11	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.50	\$61.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	13.37 (FRV)	\$2.11	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.50	\$61.03	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5698									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.80									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.27	\$95.80	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92									
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	\$20.28	\$2.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.55	\$98.25	\$0.00	\$15.03	\$13.81	\$0.00	\$53.98	\$0.00	\$13.37	\$2.11	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.59										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAPLE RIDGE HEALTH CARE CENTER Prvdr ID: 00534619A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 43.24% Nurse Hours per On-Site Day/Quality Incentive: 4.05				0.00%	2.5%	Base Period Overall CMI: 1.7506 Quarterly Medicaid CMI: 1.9591 Qtrly Mcaid CMI w RUG Wght Options: 1.9981			1.7506	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,610,316	\$2,253,227	\$0	\$551,955	\$453,212	\$0	\$984,562		\$1,367,360	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$338,440)	\$0	\$0	\$0	(\$6,831)	(\$6,370)	(\$266,087)		(\$59,152)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$153,798		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$165,457
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,591,131	\$2,253,227	\$0	\$551,955	\$446,381	(\$6,370)	\$718,475	\$153,798	\$1,308,208	\$165,457
8	Total Nursing Facility Days	As Filed Days = 23,750 FY21 Audited C/R Days	23,750									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,750 FY21 GL-PL Ins Rpt Days								23,750		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.42	\$94.87	\$0.00	\$23.24	\$18.53	(with L&H)	\$30.25	\$6.48	\$55.08	\$6.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7506								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.19	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	\$55.08	\$6.97
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.85	\$54.19	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	14.19 (FRV)	\$6.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.85	\$54.19	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9981								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.94	\$108.28	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.59	\$6.49	\$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	\$232.53	\$114.77	\$0.00	\$23.46	\$18.94	\$0.00	\$47.72	\$6.48	\$14.19	\$6.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSEMONT AT STONE MOUNTAIN		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00587331A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8431	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	64.41%	5.5%	Quarterly Medicaid CMI:			2.1013	1.5932
							2.88	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.1430	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,112,584	\$4,997,032	\$0	\$856,369	\$770,460	\$0	\$1,659,926		\$1,828,797	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$714,862)	\$3,825	\$0	\$0	\$0	\$0	(\$547,717)		(\$170,970)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$303,595			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$408,111	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,109,428	\$5,000,857	\$0	\$856,369	\$770,460	\$0	\$1,112,209	\$303,595	\$1,657,827	\$408,111	
8	Total Nursing Facility Days	As Filed Days = 47,216 FY21 Audited C/R Days	47,216										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,216 FY21 GL-PL Ins Rpt Days								47,216			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.11	\$105.91	\$0.00	\$18.14	\$16.32	(with L&H)	\$23.56	\$6.43	\$35.11	\$8.64	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8431									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	\$35.11	\$8.64	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.64	\$57.46	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	12.09 (FRV)	\$8.64	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.64	\$57.46	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1430									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.32	\$123.14	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64	
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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.77	\$6.77									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69									
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	\$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	\$237.41	\$134.13	\$0.00	\$18.36	\$16.73	\$0.00	\$41.03	\$6.43	\$12.09	\$8.64	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.23										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BAYVIEW NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00624951A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5128	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	46.15%	5.5%	Quarterly Medicaid CMI:			1.5795	1.5932
							4.07	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6083	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,602,458	\$2,234,114	\$0	\$463,962	\$601,201	\$0	\$603,402		\$699,779	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$129,299)	(\$11,800)	\$0	\$0	\$0	\$0	(\$59,930)		(\$57,569)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,930			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,569	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,590,658	\$2,222,314	\$0	\$463,962	\$601,201	\$0	\$543,472	\$59,930	\$642,210	\$57,569	
8	Total Nursing Facility Days As Filed Days = 17,327	FY21 Audited C/R Days	17,327										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,327	FY21 GL-PL Ins Rpt Days								17,327			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.95	\$128.26	\$0.00	\$26.78	\$34.70	(with L&H)	\$31.37	\$3.46	\$37.06	\$3.32	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5128									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.78									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.78	\$0.00	\$26.78	\$34.70		\$31.37	\$3.46	\$37.06	\$3.32	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.56	\$84.78	\$0.00	\$26.78	\$33.28		\$31.37	\$3.46	35.57 (FRV)	\$3.32	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.56	\$84.78	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6083									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.13	\$136.35	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$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)	\$0.93	\$0.53	\$0.00	\$0.03	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.50	\$7.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$32.35	\$14.85	\$0.00	\$0.03	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$302.48	\$151.20	\$0.00	\$26.81	\$33.28	\$0.00	\$48.84	\$3.46	\$35.57	\$3.32	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.04										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BRIARWOOD HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00706813A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7539	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	32.50%	Quarterly Medicaid CMI:				1.8363	1.5932	
					3.58	Qtrly Mcaid CMI w RUG Wght Options:				1.8709	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,504,269	\$4,123,233	\$0	\$563,258	\$550,123	\$0	\$835,256		\$1,432,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$248,123	\$15,797	\$0	(\$2,066)	\$3,978	\$14,422	\$334,406		(\$118,414)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,547		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$120,605
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,879,544	\$4,139,030	\$0	\$561,192	\$554,101	\$14,422	\$1,169,662	\$6,547	\$1,313,985	\$120,605
8	Total Nursing Facility Days	As Filed Days = 30,161 FY21 Audited C/R Days	30,161									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,161 FY21 GL-PL Ins Rpt Days								30,161		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$261.26	\$137.23	\$0.00	\$18.61	\$18.85	(with L&H)	\$38.78	\$0.22	\$43.57	\$4.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7539								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.24	\$0.00	\$18.61	\$18.85		\$38.78	\$0.22	\$43.57	\$4.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.24	\$78.24	\$0.00	\$18.61	\$18.85		\$36.91	\$0.22	11.41 (FRV)	\$4.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$78.24	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8709								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.38	\$146.38	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.66	\$3.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$26.31	\$8.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$262.69	\$154.96	\$0.00	\$18.83	\$19.26	\$0.00	\$54.01	\$0.22	\$11.41	\$4.00
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 FY2021 Cost Report Data

FINAL

Provider: LEE COUNTY HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00712665A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7721	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	25.53%	Quarterly Medicaid CMI:				1.3221	1.5932	
					3.58	Qtrly Mcaid CMI w RUG Wght Options:				1.3423	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,039,382	\$1,989,463	\$0	\$435,540	\$452,666	\$0	\$702,726		\$458,987	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$113,472)	(\$2,054)	\$0	(\$502)	\$0	(\$473)	(\$69,204)		(\$41,239)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,985		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,239
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,030,134	\$1,987,409	\$0	\$435,038	\$452,666	(\$473)	\$633,522	\$62,985	\$417,748	\$41,239
8	Total Nursing Facility Days	As Filed Days = 17,605 FY21 Audited C/R Days	17,605									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,605 FY21 GL-PL Ins Rpt Days								17,605		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.93	\$112.89	\$0.00	\$24.71	\$25.69	(with L&H)	\$35.99	\$3.58	\$23.73	\$2.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7721								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.70	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	\$23.73	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.25	\$63.70	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	15.24 (FRV)	\$2.34
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.25	\$63.70	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3423								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.05	\$85.50	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$23.77	\$5.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.82	\$91.17	\$0.00	\$24.93	\$26.10	\$0.00	\$53.46	\$3.58	\$15.24	\$2.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: BRYAN COUNTY HLTH & REHAB CTR Prvdr ID: 00715569A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
			Growth Allowance: N/A Qtrly BIMS score: 49.33% Nurse Hours per On-Site Day/Quality Incentive: 4.50				Add-on Percent: 0.00% 5.5% 5.0%				Base Period Overall CMI: 1.7256 Quarterly Medicaid CMI: 1.7970 Qtrly Mcaid CMI w RUG Wght Options: 1.8328		1.5751	1.5932	1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,152,128	\$3,410,802	\$0	\$630,785	\$719,875	\$0	\$941,421		\$449,245	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$288,114)	(\$3,363)	\$0	\$0	\$0	(\$41,306)	(\$125,274)		(\$118,171)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,709					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$118,171			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,153,894	\$3,407,439	\$0	\$630,785	\$719,875	(\$41,306)	\$816,147	\$171,709	\$331,074	\$118,171			
8	Total Nursing Facility Days	As Filed Days = 25,744 FY21 Audited C/R Days	25,744												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,744 FY21 GL-PL Ins Rpt Days								25,744					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.04	\$132.36	\$0.00	\$24.50	\$26.36	(with L&H)	\$31.70	\$6.67	\$12.86	\$4.59			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7256											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.70											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.70	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	\$12.86	\$4.59			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.62	\$76.70	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	13.10 (FRV)	\$4.59			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.62	\$76.70	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8328											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.58											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.50	\$140.58	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59			
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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.73	\$7.73											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.03	\$7.03											
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	\$33.39	\$15.29	\$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	\$280.89	\$155.87	\$0.00	\$24.72	\$26.77	\$0.00	\$49.17	\$6.67	\$13.10	\$4.59			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.84												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THUNDERBOLT TRANSITIONAL CARE & REHAB CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00727801A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5397	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	23.61%	Quarterly Medicaid CMI:				1.7195	1.5932	
					3.14	Qtrly Mcaid CMI w RUG Wght Options:				1.7531	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$893,320		\$143,820	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$365,784)	\$0	\$0	\$0	\$0	\$0	(\$234,529)		(\$131,255)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$234,529		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$131,255
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$658,791	\$234,529	\$12,565	\$131,255
8	Total Nursing Facility Days As Filed Days = 19,400	FY21 Audited C/R Days	19,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,400	FY21 GL-PL Ins Rpt Days								19,400		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.02	\$105.91	\$0.00	\$17.41	\$19.23	(with L&H)	\$33.96	\$12.09	\$0.65	\$6.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5397								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.79	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	\$0.65	\$6.77
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.47	\$68.79	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	18.22 (FRV)	\$6.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.47	\$68.79	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7531								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.28	\$120.60	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
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	\$22.25	\$4.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.53	\$124.75	\$0.00	\$17.63	\$19.64	\$0.00	\$51.43	\$12.09	\$18.22	\$6.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DUNWOODY HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00815295A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8691	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.68%	1.0%	Quarterly Medicaid CMI:			1.7602	1.5932
							2.99	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7930	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$16,445,333	\$7,821,957	\$0	\$1,043,933	\$1,677,071	\$0	\$1,966,082		\$3,936,290	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$291,056)	(\$790,043)	\$0	(\$1,038)	(\$5,169)	\$2,455	\$662,784		(\$160,045)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$56,086			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$139,866	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$16,350,229	\$7,031,914	\$0	\$1,042,895	\$1,671,902	\$2,455	\$2,628,866	\$56,086	\$3,776,245	\$139,866	
8	Total Nursing Facility Days	As Filed Days = 46,482 FY21 Audited C/R Days	46,851										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,482 FY21 GL-PL Ins Rpt Days								46,851			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$348.99	\$150.09	\$0.00	\$22.26	\$35.74	(with L&H)	\$56.11	\$1.20	\$80.60	\$2.99	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8691									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.30									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.30	\$0.00	\$22.26	\$35.74		\$56.11	\$1.20	\$80.60	\$2.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.26	\$80.30	\$0.00	\$22.26	\$33.28		\$36.91	\$1.20	15.32 (FRV)	\$2.99	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.26	\$80.30	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7930									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.94	\$143.98	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99	
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.17	\$4.85	\$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	\$278.11	\$148.83	\$0.00	\$22.48	\$33.28	\$0.00	\$54.01	\$1.20	\$15.32	\$2.99	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.76										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
				a	b	c	d	e	f	g	g	h	i		
Provider: THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING Prvdr ID: 000815493B Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23															
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 55.56% Nurse Hours per On-Site Day/Quality Incentive: 4.17			Facility Score Add-on Percent: 0.00% 5.5% 2.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.4506 Quarterly Medicaid CMI: 1.5447 Qtrly Mcaid CMI w RUG Wght Options: 1.5709			Facility Specific 1.4506 1.5447 1.5709		State-wide 1.5751 1.5932 1.6218
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
Peer Group Standards & Efficiency Measure Limits															
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,088,976	\$1,690,227	\$0	\$323,325	\$373,452	\$0	\$528,956		\$173,016	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$27,774)	\$0	\$0	\$0	\$0	\$0	(\$8,924)		(\$18,850)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$8,924					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,850			
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,088,976	\$1,690,227	\$0	\$323,325	\$373,452	\$0	\$520,032	\$8,924	\$154,166	\$18,850			
8	Total Nursing Facility Days	FY21 Audited C/R Days	11,163												
	As Filed Days = 11,163														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								11,163					
	As Filed Days = 11,163														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.71	\$151.41	\$0.00	\$28.96	\$33.45	(with L&H)	\$46.59	\$0.80	\$13.81	\$1.69			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4506											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.38											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$104.38	\$0.00	\$28.96	\$33.45		\$46.59	\$0.80	\$13.81	\$1.69			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.78	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$0.80	22.46 (FRV)	\$1.69			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.78	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5709											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.81											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$278.77	\$156.81	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.62	\$8.62											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.86	\$11.76	\$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	\$307.63	\$168.57	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$0.80	\$22.46	\$1.69			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$217.90												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: LIFE CARE CTR OF LAWRENCEVILLE		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00818914A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.5544	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	20.93%	Quarterly Medicaid CMI:				1.7588	1.5932	
					4.08	Qtrly Mcaid CMI w RUG Wght Options:				1.7923	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,979,977	\$3,760,193	\$0	\$699,038	\$684,212	\$0	\$1,319,267		\$517,267	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,606)	(\$1,888)	\$0	(\$2,980)	\$0	\$4,868	(\$162,550)		(\$141,056)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$128,113		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$175,493
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,979,977	\$3,758,305	\$0	\$696,058	\$684,212	\$4,868	\$1,156,717	\$128,113	\$376,211	\$175,493
8	Total Nursing Facility Days	As Filed Days = 24,222 FY21 Audited C/R Days	24,222									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,222 FY21 GL-PL Ins Rpt Days								24,222		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$288.17	\$155.16	\$0.00	\$28.74	\$28.45	(with L&H)	\$47.75	\$5.29	\$15.53	\$7.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5544								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.82	\$0.00	\$28.74	\$28.45		\$47.75	\$5.29	\$15.53	\$7.25
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.08	\$99.82	\$0.00	\$26.82	\$28.45		\$36.91	\$5.29	16.54 (FRV)	\$7.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.08	\$99.82	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7923								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$178.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$300.17	\$178.91	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.79	\$1.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37								
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	\$24.67	\$7.16	\$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	\$324.84	\$186.07	\$0.00	\$26.82	\$28.86	\$0.00	\$54.01	\$5.29	\$16.54	\$7.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$230.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: SENIOR CARE CENTER - BRUNSWICK Prvdr ID: 000830827B		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide						
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A		Qtrly BIMS score: 26.88%		Nurse Hours per On-Site Day/Quality Incentive: 3.61		Base Period Overall CMI: 1.3698		Quarterly Medicaid CMI: 1.2835		Qtrly Mcaid CMI w RUG Wght Options: 1.3034		1.5751		1.5932		1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance							
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$21,181,304	\$15,162,985	\$0	\$1,492,861	\$904,860	\$392,576	\$2,356,901		\$871,121	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$754,888)	(\$2,376,895)	\$0	\$0	\$9,061	(\$30,886)	\$963,748		\$680,084								
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$339,582									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,546							
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$20,799,544	\$12,786,090	\$0	\$1,492,861	\$913,921	\$361,690	\$3,320,649	\$339,582	\$1,551,205	\$33,546							
8	Total Nursing Facility Days	As Filed Days = 56,845 FY21 Audited C/R Days	56,845																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,845 FY21 GL-PL Ins Rpt Days								56,845									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$365.90	\$224.93	\$0.00	\$26.26	\$22.44	(with L&H)	\$58.42	\$5.97	\$27.29	\$0.59							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3698															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$164.21															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$164.21	\$0.00	\$26.26	\$22.44		\$58.42	\$5.97	\$27.29	\$0.59							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.02	\$99.82	\$0.00	\$26.26	\$22.44		\$36.91	\$5.97	15.03 (FRV)	\$0.59							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.02	\$99.82	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3034															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.11															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.31	\$130.11	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60															
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	\$4.53	\$3.90	\$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	\$241.84	\$134.01	\$0.00	\$26.48	\$22.85	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.38																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSELANE HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00831751A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance:	N/A	Base Period Overall CMI:				1.7751	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	22.73%	Quarterly Medicaid CMI:				2.0524	1.5932	
					3.92	Qtrly Mcaid CMI w RUG Wght Options:				2.0931	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,562,379	\$5,912,098	\$0	\$698,697	\$780,643	\$0	\$1,287,877		\$1,883,064	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$373,408	(\$6,300)	\$0	(\$444)	\$1,191	\$4,599	\$473,315		(\$98,953)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$64,495		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$99,310
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,099,592	\$5,905,798	\$0	\$698,253	\$781,834	\$4,599	\$1,761,192	\$64,495	\$1,784,111	\$99,310
8	Total Nursing Facility Days	As Filed Days = 42,284 FY21 Audited C/R Days	42,284									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,284 FY21 GL-PL Ins Rpt Days								42,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.50	\$139.67	\$0.00	\$16.51	\$18.60	(with L&H)	\$41.65	\$1.53	\$42.19	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7751								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.68	\$0.00	\$16.51	\$18.60		\$41.65	\$1.53	\$42.19	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.18	\$78.68	\$0.00	\$16.51	\$18.60		\$36.91	\$1.53	13.60 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.18	\$78.68	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0931								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$164.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.19	\$164.69	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.65	\$1.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.85	\$7.12	\$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	\$279.04	\$171.81	\$0.00	\$16.73	\$19.01	\$0.00	\$54.01	\$1.53	\$13.60	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: REGENCY PARK HEALTH AND REHABILITATION Prvdr ID: 00837207A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													N/A	23.40%	5.88	N/A	0.00%	1.0%	3.0%	1.5238	1.5751	1.3013	1.5932	1.3222	1.6218
CASE MIX BASED RATE CALCULATIONS																									
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
Base Period Per Diem Allowed Amounts																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,497,519	\$4,092,632	\$0	\$726,889	\$664,643	\$0	\$1,615,150		\$398,205	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$70,839)	\$861	\$0	\$1,828	\$0	\$0	(\$73,528)		\$0														
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$50,977															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,282													
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,487,939	\$4,093,493	\$0	\$728,717	\$664,643	\$0	\$1,541,622	\$50,977	\$398,205	\$10,282													
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,681																						
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,681															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$303.40	\$165.86	\$0.00	\$29.53	\$26.93	<i>(with L&H)</i>	\$62.46	\$2.07	\$16.13	\$0.42													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5238																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.84																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.84	\$0.00	\$29.53	\$26.93		\$62.46	\$2.07	\$16.13	\$0.42													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.39	\$99.82	\$0.00	\$26.82	\$26.93		\$36.91	\$2.07	20.42	\$0.42	<i>(FRV)</i>												
Quarterly Per Diem Rate Prior to Add-ons																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$213.39	\$99.82	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3222																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.98																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.55	\$131.98	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42													
Quarterly Per Diem Add-on Amounts																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00														
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.79	\$5.28	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00													
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.34	\$137.26	\$0.00	\$26.82	\$27.34	\$0.00	\$54.01	\$2.07	\$20.42	\$0.42													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.43																						

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score
Provider: ROCKDALE HEALTHCARE CENTER Prvdr ID: 00838252A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Facility Score	State-wide						
													N/A	18.46%	3.84	0.00%	0.0%	3.0%	1.7546	1.5751
													1.6444	1.5932	1.6759	1.6218				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,941,743	\$4,284,176	\$0	\$616,682	\$668,354	\$0	\$1,356,811		\$2,015,720	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$320,015)	\$0	\$0	\$0	\$0	\$0	(\$196,225)		(\$123,790)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$196,225										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$123,790								
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,941,743	\$4,284,176	\$0	\$616,682	\$668,354	\$0	\$1,160,586	\$196,225	\$1,891,930	\$123,790								
8	Total Nursing Facility Days	FY21 Audited C/R Days	32,552																	
	As Filed Days = 32,552																			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								32,552										
	As Filed Days = 32,552																			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.68	\$131.61	\$0.00	\$18.94	\$20.53	(with L&H)	\$35.65	\$6.03	\$58.12	\$3.80								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7546																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.01																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.01	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	\$58.12	\$3.80								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.42	\$75.01	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	13.46	\$3.80								
											(FRV)									
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.42	\$75.01	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6759																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.71																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.12	\$125.71	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80								
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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.40	\$4.30	\$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	\$246.52	\$130.01	\$0.00	\$19.16	\$20.94	\$0.00	\$53.12	\$6.03	\$13.46	\$3.80								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.07																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: COASTAL MANOR Prvdr ID: 00856028A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6178	1.5751
							38.03%	2.5%					1.4879	1.5932
							5.20	3.0%					1.5143	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,258,449	\$3,562,996	\$0	\$973,526	\$377,843	\$602,868	\$1,257,502		\$483,714	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$168,797)	(\$104,612)	\$0	\$104,612	\$0	\$0	(\$141,837)		(\$26,960)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$136,765				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,960		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,253,377	\$3,458,384	\$0	\$1,078,138	\$377,843	\$602,868	\$1,115,665	\$136,765	\$456,754	\$26,960		
8	Total Nursing Facility Days	FY21 Audited C/R Days	35,920											
	As Filed Days = 35,920													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								35,920				
	As Filed Days = 35,920													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.93	\$96.28	\$0.00	\$30.01	\$27.30	(with L&H)	\$31.06	\$3.81	\$12.72	\$0.75		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6178										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.51										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.51	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	\$12.72	\$0.75		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.75	\$59.51	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	15.31 (FRV)	\$0.75		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.75	\$59.51	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5143										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.12										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.36	\$90.12	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.48	\$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	\$221.94	\$95.60	\$0.00	\$30.23	\$27.71	\$0.00	\$48.53	\$3.81	\$15.31	\$0.75		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.63											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CANDLER SKILLED NURSING UNIT		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00870911A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				2.3620	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	0.00%	0.0%	Quarterly Medicaid CMI:				2.3160	1.5932
							7.01	0.0%	Qtrly Mcaid CMI w RUG Wght Options:				2.3620	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,097,258	\$1,987,273	\$0	\$148,084	\$200,430	\$257,276	\$841,719		\$662,476	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$25,061)	\$0	\$0	\$0	(\$1,795)	(\$2,281)	(\$3,419)		(\$17,566)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$3,419				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,418		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,093,034	\$1,987,273	\$0	\$148,084	\$198,635	\$254,995	\$838,300	\$3,419	\$644,910	\$17,418		
8	Total Nursing Facility Days As Filed Days = 6,745	FY21 Audited C/R Days	6,745											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 6,745	FY21 GL-PL Ins Rpt Days								6,745				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$606.81	\$294.63	\$0.00	\$21.95	\$67.25	(with L&H)	\$124.28	\$0.51	\$95.61	\$2.58		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		2.3620										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.74										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$124.74	\$0.00	\$21.95	\$67.25		\$124.28	\$0.51	\$95.61	\$2.58		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.48	\$99.82	\$0.00	\$21.95	\$33.28		\$36.91	\$0.51	11.43 (FRV)	\$2.58		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.48	\$99.82	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.3620										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$235.77										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$342.43	\$235.77	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$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)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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	\$359.75	\$235.77	\$0.00	\$22.17	\$33.28	\$0.00	\$54.01	\$0.51	\$11.43	\$2.58		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$256.99											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAUREL PARK AT HENRY MED CTR Prvdr ID: 00908553A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Growth Allowance: N/A Qtrly BIMS score: 17.86% Nurse Hours per On-Site Day/Quality Incentive: 3.70				N/A	0.00%	Base Period Overall CMI: 1.6749 Quarterly Medicaid CMI: 1.5783 Qtrly Mcaid CMI w RUG Wght Options: 1.6045			1.6749	1.5751
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,734,441	\$3,708,467	\$0	\$581,270	\$870,005	\$0	\$1,379,411		\$195,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$413,258)	(\$60,346)	\$0	\$0	(\$3,012)	(\$3,292)	(\$324,432)		(\$22,176)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$383,193		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,537
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,719,913	\$3,648,121	\$0	\$581,270	\$866,993	(\$3,292)	\$1,054,979	\$383,193	\$173,112	\$15,537
8	Total Nursing Facility Days	As Filed Days = 25,472 FY21 Audited C/R Days	25,472									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,472 FY21 GL-PL Ins Rpt Days								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.82	\$143.22	\$0.00	\$22.82	\$33.91	(with L&H)	\$41.42	\$15.04	\$6.80	\$0.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6749								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.51	\$0.00	\$22.82	\$33.91		\$41.42	\$15.04	\$6.80	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.29	\$85.51	\$0.00	\$22.82	\$33.28		\$36.91	\$15.04	20.12 (FRV)	\$0.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.29	\$85.51	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6045								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.98	\$137.20	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.23	\$8.23								
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	\$26.08	\$8.76	\$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	\$292.06	\$145.96	\$0.00	\$23.04	\$33.28	\$0.00	\$54.01	\$15.04	\$20.12	\$0.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: ATRIUM HEALTH NAVICENT BALDWIN Prvdr ID: 00947658A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score: N/A	Add-on Percent: 0.00%					Facility Specific: 2.3620	State-wide: 1.5751
							Qtrly BIMS score: 0.00%	0.0%					Quarterly Medicaid CMI: 2.3160	1.5932
							Nurse Hours per On-Site Day/Quality Incentive: 7.19	0.0%					Qtrly Mcaid CMI w RUG Wght Options: 2.3620	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,037,336	\$1,286,397	\$0	\$123,153	\$59,393	\$102,503	\$351,187		\$114,703	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$74,146)	\$0	\$0	\$0	(\$462)	(\$798)	(\$72,886)		\$0			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$71,985				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,035,175	\$1,286,397	\$0	\$123,153	\$58,931	\$101,705	\$278,301	\$71,985	\$114,703	\$0		
8	Total Nursing Facility Days As Filed Days = 3,032	FY21 Audited C/R Days	3,032											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,032	FY21 GL-PL Ins Rpt Days								3,032				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$671.23	\$424.27	\$0.00	\$40.62	\$52.98	(with L&H)	\$91.79	\$23.74	\$37.83	\$0.00		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		2.3620										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$179.62										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$179.62	\$0.00	\$40.62	\$52.98		\$91.79	\$23.74	\$37.83	\$0.00		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$250.48	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$23.74	19.60 (FRV)	\$0.00		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$250.48	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.3620										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$235.77										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$386.43	\$235.77	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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	\$403.53	\$235.77	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$23.74	\$19.60	\$0.00		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$289.82											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: ZEBULON PARK HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003125041B		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5007	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.53%	1.0%	Quarterly Medicaid CMI:			1.5261	1.5932
							4.16	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5532	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,913,811	\$2,417,537	\$0	\$402,661	\$517,397	\$0	\$949,714		\$626,502	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$132,459)	\$31,504	\$0	(\$572)	\$1,295	\$345	(\$145,416)		(\$19,615)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,498			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,755	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,870,605	\$2,449,041	\$0	\$402,089	\$518,692	\$345	\$804,298	\$69,498	\$606,887	\$19,755	
8	Total Nursing Facility Days As Filed Days = 20,032	FY21 Audited C/R Days	20,022										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,032	FY21 GL-PL Ins Rpt Days								20,022			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.26	\$122.32	\$0.00	\$20.08	\$25.92	(with L&H)	\$40.17	\$3.47	\$30.31	\$0.99	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5007									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.51									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.51	\$0.00	\$20.08	\$25.92		\$40.17	\$3.47	\$30.31	\$0.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.24	\$81.51	\$0.00	\$20.08	\$25.92		\$36.91	\$3.47	34.36 (FRV)	\$0.99	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.24	\$81.51	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5532									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.33	\$126.60	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99	
Quarterly 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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.06	\$5.06									
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	\$24.59	\$6.86	\$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	\$272.92	\$133.46	\$0.00	\$20.30	\$26.33	\$0.00	\$54.01	\$3.47	\$34.36	\$0.99	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.87										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: ANSLEY PARK HEALTH AND REHABILITATION Prvdr ID: 003136416A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													Growth Allowance: N/A Qtrly BIMS score: 12.50% Nurse Hours per On-Site Day/Quality Incentive: 4.26			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 0.0% Add-on Percent: 5.0%			Base Period Overall CMI: 1.5010 Quarterly Medicaid CMI: 1.2250 Qtrly Mcaid CMI w RUG Wght Options: 1.2426			1.5010	1.5751	1.2250	1.5932	1.2426	1.6218
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,562,922	\$2,410,376	\$0	\$408,929	\$490,994	\$0	\$876,702		\$375,921	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$16,376)	(\$3,234)	\$0	(\$469)	(\$569)	(\$712)	\$8,622		(\$20,014)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$68,640																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,946															
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,635,132	\$2,407,142	\$0	\$408,460	\$490,425	(\$712)	\$885,324	\$68,640	\$355,907	\$19,946															
8	Total Nursing Facility Days As Filed Days = 16,432	FY21 Audited C/R Days	16,432																								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,432	FY21 GL-PL Ins Rpt Days								16,432																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.08	\$146.49	\$0.00	\$24.86	\$29.80	(with L&H)	\$53.88	\$4.18	\$21.66	\$1.21															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5010																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.59																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.59	\$0.00	\$24.86	\$29.80		\$53.88	\$4.18	\$21.66	\$1.21															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.79	\$97.59	\$0.00	\$24.86	\$29.80		\$36.91	\$4.18	36.24 (FRV)	\$1.21															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.79	\$97.59	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2426																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.27																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.47	\$121.27	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00																
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.06	\$6.06																							
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	\$24.32	\$6.59	\$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	\$278.79	\$127.86	\$0.00	\$25.08	\$30.21	\$0.00	\$54.01	\$4.18	\$36.24	\$1.21															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.27																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: STEVENS PARK HEALTH AND REHABILITATION		<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide
Prvdr ID: 003143404A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6339		1.6339	1.5751		
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive: 4.12		Qtrly BIMS score: 4.00%		4.00%	0.0%	Quarterly Medicaid CMI: 1.3511		1.3511	1.5932		
				Nurse Hours per On-Site Day/Quality Incentive: 4.12		4.12	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3728		1.3728	1.6218		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,059,907	\$1,518,535	\$0	\$316,817	\$364,718	\$0	\$688,117		\$171,720	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$13,454)	(\$1,355)	\$0	(\$331)	\$0	(\$548)	(\$1,462)		(\$9,758)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,680			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,758	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,099,891	\$1,517,180	\$0	\$316,486	\$364,718	(\$548)	\$686,655	\$43,680	\$161,962	\$9,758	
8	Total Nursing Facility Days	As Filed Days = 11,618	11,618										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,618								11,618			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$266.82	\$130.59	\$0.00	\$27.24	\$31.35	(with L&H)	\$59.10	\$3.76	\$13.94	\$0.84	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6339									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.93									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.93	\$0.00	\$27.24	\$31.35		\$59.10	\$3.76	\$13.94	\$0.84	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.75	\$79.93	\$0.00	\$26.82	\$31.35		\$36.91	\$3.76	32.14 (FRV)	\$0.84	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.75	\$79.93	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3728									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.55	\$109.73	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	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	\$22.43	\$4.92	\$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	\$263.98	\$114.65	\$0.00	\$26.82	\$31.76	\$0.00	\$54.01	\$3.76	\$32.14	\$0.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.16										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: CHELSEY PARK HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003165720A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5177	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	10.26%	0.0%	Quarterly Medicaid CMI:			1.4843	1.5932
							3.46	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5115	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,239,114	\$2,121,993	\$0	\$426,613	\$471,042	\$0	\$767,552		\$451,914	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$67,017)	(\$4,246)	\$0	(\$498)	\$1,848	\$3,863	(\$42,387)		(\$25,597)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,400			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,836	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,260,333	\$2,117,747	\$0	\$426,115	\$472,890	\$3,863	\$725,165	\$62,400	\$426,317	\$25,836	
8	Total Nursing Facility Days	As Filed Days = 17,426 FY21 Audited C/R Days		17,426									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,426 FY21 GL-PL Ins Rpt Days								17,426			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.47	\$121.53	\$0.00	\$24.45	\$27.36	(with L&H)	\$41.61	\$3.58	\$24.46	\$1.48	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5177									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.07	\$0.00	\$24.45	\$27.36		\$41.61	\$3.58	\$24.46	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.94	\$80.07	\$0.00	\$24.45	\$27.36		\$36.91	\$3.58	35.09 (FRV)	\$1.48	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.94	\$80.07	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5115									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.90	\$121.03	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.84	\$4.84									
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	\$23.10	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.00	\$126.40	\$0.00	\$24.67	\$27.77	\$0.00	\$54.01	\$3.58	\$35.09	\$1.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.93										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Provider: HARRINGTON PARK HEALTH AND REHABILITATION		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 003165726A		Case Mix Per Diem Rate Effective Date: 4/1/2024		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.5536				1.5536	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 36.36%	2.5%	Quarterly Medicaid CMI: 1.2065				1.2065	1.5932	
				4.07	5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2260				1.2260	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,221,201	\$2,019,184	\$0	\$435,009	\$447,960	\$0	\$879,967		\$439,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$21,165)	(\$5,140)	\$0	(\$446)	\$1,522	\$5,462	\$2,689		(\$25,252)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,320		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,517
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,285,873	\$2,014,044	\$0	\$434,563	\$449,482	\$5,462	\$882,656	\$60,320	\$413,829	\$25,517
8	Total Nursing Facility Days As Filed Days = 15,611	FY21 Audited C/R Days	15,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,611	FY21 GL-PL Ins Rpt Days								15,611		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.53	\$129.01	\$0.00	\$27.84	\$29.14	(with L&H)	\$56.54	\$3.86	\$26.51	\$1.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5536								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.04	\$0.00	\$27.84	\$29.14		\$56.54	\$3.86	\$26.51	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.07	\$83.04	\$0.00	\$26.82	\$29.14		\$36.91	\$3.86	36.67 (FRV)	\$1.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$83.04	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2260								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.84	\$101.81	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$25.68	\$8.17	\$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	\$262.52	\$109.98	\$0.00	\$26.82	\$29.55	\$0.00	\$54.01	\$3.86	\$36.67	\$1.63
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 FY2021 Cost Report Data

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Provider: BUDD TERRACE AT WESLEY WOODS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003167547A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3746	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:			1.1971	1.5932
							3.84	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2143	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$18,930,899	\$11,760,875	\$0	\$2,065,932	\$2,533,353	\$0	\$1,971,555		\$599,184	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$810,108)	(\$214,269)	\$0	\$0	\$0	\$15,876	(\$611,715)		\$0		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$17,853			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,138,644	\$11,546,606	\$0	\$2,065,932	\$2,533,353	\$15,876	\$1,359,840	\$17,853	\$599,184	\$0	
8	Total Nursing Facility Days As Filed Days = 52,947	FY21 Audited C/R Days	52,947										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,947	FY21 GL-PL Ins Rpt Days								52,947			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$342.59	\$218.08	\$0.00	\$39.02	\$48.15	(with L&H)	\$25.68	\$0.34	\$11.32	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3746									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$158.65									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$158.65	\$0.00	\$39.02	\$48.15		\$25.68	\$0.34	\$11.32	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.06	\$99.82	\$0.00	\$26.82	\$33.28		\$25.68	\$0.34	15.12 (FRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.06	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2143									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.45	\$121.21	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$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)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64									
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	\$22.32	\$4.85	\$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	\$244.77	\$126.06	\$0.00	\$26.82	\$33.28	\$0.00	\$43.15	\$0.34	\$15.12	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.75										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: MEADOWS PARK HEALTH AND REHABILITATION Prvdr ID: 003167911A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A Qtrly BIMS score: 21.57% Nurse Hours per On-Site Day/Quality Incentive: 3.82				Add-on Percent: 0.00% 1.0% 5.0%				Base Period Overall CMI: 1.7065 Quarterly Medicaid CMI: 1.7262 Qtrly Mcaid CMI w RUG Wght Options: 1.7600	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,266,271	\$2,916,855	\$0	\$445,967	\$520,042	\$0	\$932,144		\$451,263	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,738)	\$2,242	\$0	(\$590)	\$1,069	\$378	(\$21,623)		(\$24,214)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,318
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,325,851	\$2,919,097	\$0	\$445,377	\$521,111	\$378	\$910,521	\$78,000	\$427,049	\$24,318
8	Total Nursing Facility Days	FY21 Audited C/R Days		20,663								
	As Filed Days = 20,663											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,663		
	As Filed Days = 20,663											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.75	\$141.27	\$0.00	\$21.55	\$25.24	(with L&H)	\$44.07	\$3.77	\$20.67	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7065								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.78	\$0.00	\$21.55	\$25.24		\$44.07	\$3.77	\$20.67	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.91	\$82.78	\$0.00	\$21.55	\$25.24		\$36.91	\$3.77	30.48 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.91	\$82.78	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7600								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.82	\$145.69	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.28	\$7.28								
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	\$27.00	\$9.27	\$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	\$291.82	\$154.96	\$0.00	\$21.77	\$25.65	\$0.00	\$54.01	\$3.77	\$30.48	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.04									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide								
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:
													4.05	4.05	5.0%	1.5874	1.5874	2.5%	1.3756	1.3756	5.0%	1.3971	1.3971	1.6218	1.6218			
CASE MIX BASED RATE CALCULATIONS																												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes																			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																			
Base Period Per Diem Allowed Amounts																												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,260,534	\$1,674,602	\$0	\$369,716	\$398,881	\$0	\$594,069		\$223,266	\$0																
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$84,088)	(\$756)	\$0	\$0	\$0	\$0	(\$61,517)		(\$21,815)																	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,517																		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R																				\$21,815						
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,259,778	\$1,673,846	\$0	\$369,716	\$398,881	\$0	\$532,552	\$61,517	\$201,451	\$21,815																
8	Total Nursing Facility Days	As Filed Days = 13,852 FY21 Audited C/R Days	13,852																									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 13,852 FY21 GL-PL Ins Rpt Days								13,852																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.33	\$120.84	\$0.00	\$26.69	\$28.80	(with L&H)	\$38.45	\$4.44	\$14.54	\$1.57																
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5874																								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12	\$0.00	\$26.69	\$28.80		\$38.45	\$4.44	\$14.54	\$1.57																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$26.69	\$28.80		\$38.45	\$4.44	\$14.54	\$1.57																
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A																	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.78	\$76.12	\$0.00	\$26.69	\$28.80		\$36.91	\$4.44	9.25 (FRV)	\$1.57																
Quarterly Per Diem Rate Prior to Add-ons																												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.78	\$76.12	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57																
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3971																								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.35																								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.01	\$106.35	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$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)	\$1.04	\$0.53	\$0.00	\$0.10	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66																								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.32	\$5.32																								
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	\$26.12	\$8.51	\$0.00	\$0.10	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00																
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.13	\$114.86	\$0.00	\$26.79	\$29.21	\$0.00	\$54.01	\$4.44	\$9.25	\$1.57																
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.27																									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
Provider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY Prvdr ID: 003185378A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.7177				1.5751
							Qtrly BIMS score: 38.27%	2.5%	Quarterly Medicaid CMI: 1.7706				1.5932
							Nurse Hours per On-Site Day/Quality Incentive: 3.47	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8048				1.6218
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,771,836	\$4,890,870	\$0	\$678,306	\$783,883	\$0	\$1,492,951		\$925,826	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$185,004)	\$0	\$0	\$0	(\$4,683)	(\$10,085)	(\$124,021)		(\$46,215)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,601			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,704	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,751,137	\$4,890,870	\$0	\$678,306	\$779,200	(\$10,085)	\$1,368,930	\$118,601	\$879,611	\$45,704	
8	Total Nursing Facility Days As Filed Days = 34,987	FY21 Audited C/R Days	34,987										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,987	FY21 GL-PL Ins Rpt Days								34,987			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.13	\$139.79	\$0.00	\$19.39	\$21.98	(with L&H)	\$39.13	\$3.39	\$25.14	\$1.31	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7177									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.38									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.38	\$0.00	\$19.39	\$21.98		\$39.13	\$3.39	\$25.14	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.79	\$81.38	\$0.00	\$19.39	\$21.98		\$36.91	\$3.39	15.43 (FRV)	\$1.31	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.79	\$81.38	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8048									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.28	\$146.87	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.67	\$3.67									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.41	\$4.41									
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	\$26.34	\$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	\$271.62	\$155.48	\$0.00	\$19.61	\$22.39	\$0.00	\$54.01	\$3.39	\$15.43	\$1.31	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.89										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: ARCHWAY TRANSITIONAL CARE CENTER Prvdr ID: 003185502A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3961	1.5751
							69.88%	5.5%					1.4055	1.5932
							3.98	4.0%					1.4280	1.6218
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,045,704	\$3,679,479	\$0	\$511,928	\$782,778	\$0	\$1,171,455		\$900,064	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$235,779)	(\$3,340)	\$0	(\$817)	\$0	(\$818)	(\$165,872)		(\$64,932)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,550		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,983,826	\$3,676,139	\$0	\$511,111	\$782,778	(\$818)	\$1,005,583	\$105,351	\$835,132	\$68,550		
8	Total Nursing Facility Days	FY21 Audited C/R Days	28,882											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,882				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.81	\$127.28	\$0.00	\$17.70	\$27.07	(with L&H)	\$34.82	\$3.65	\$28.92	\$2.37		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3961										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.17										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.17	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	\$28.92	\$2.37		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.16	\$91.17	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	24.38 (FRV)	\$2.37		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.16	\$91.17	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4280										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.19										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.18	\$130.19	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$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 = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.16	\$7.16										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.21	\$5.21										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.00	\$12.90	\$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	\$271.18	\$143.09	\$0.00	\$17.92	\$27.48	\$0.00	\$52.29	\$3.65	\$24.38	\$2.37		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.56											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,069,574	\$2,487,516	\$0	\$356,358	\$626,313	\$0	\$858,590		\$740,797	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,922)	(\$34,054)	\$0	\$0	\$0	\$0	(\$52,192)		(\$106,676)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,356		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$106,676
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,072,684	\$2,453,462	\$0	\$356,358	\$626,313	\$0	\$806,398	\$89,356	\$634,121	\$106,676
8	Total Nursing Facility Days	FY21 Audited C/R Days	23,106									
	As Filed Days = 23,106											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								23,106		
	As Filed Days = 23,106											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.54	\$106.18	\$0.00	\$15.42	\$27.11	(with L&H)	\$34.90	\$3.87	\$27.44	\$4.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6700								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.58	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	\$27.44	\$4.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.21	\$63.58	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	16.71 (FRV)	\$4.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.21	\$63.58	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8306								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.02	\$116.39	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62
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 = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.49	\$3.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.28	\$5.18	\$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	\$242.30	\$121.57	\$0.00	\$15.64	\$27.52	\$0.00	\$52.37	\$3.87	\$16.71	\$4.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.90									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: BOSTICK NURSING CENTER Prvdr ID: 003192286A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23												
			Growth Allowance: N/A				Base Period Overall CMI: 1.2526				1.2526	1.5751
			Qtrly BIMS score: 14.69%				Quarterly Medicaid CMI: 1.3879				1.3879	1.5932
			Nurse Hours per On-Site Day/Quality Incentive: 2.47				Qtrly Mcaid CMI w RUG Wght Options: 1.4144				1.4144	1.6218
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$15,058,174	\$7,874,530	\$0	\$1,937,716	\$1,994,662	\$0	\$1,463,435		\$1,787,831	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$503,468)	(\$67,584)	\$0	\$499	\$2,080	\$3,854	(\$149,423)		(\$292,894)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,202		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$288,409
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,925,317	\$7,806,946	\$0	\$1,938,215	\$1,996,742	\$3,854	\$1,314,012	\$82,202	\$1,494,937	\$288,409
8	Total Nursing Facility Days	As Filed Days = 77,249 FY21 Audited C/R Days	77,249									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 77,249 FY21 GL-PL Ins Rpt Days								77,249		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.20	\$101.06	\$0.00	\$25.09	\$25.90	<i>(with L&H)</i>	\$17.01	\$1.06	\$19.35	\$3.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2526								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.68	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	\$19.35	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.38	\$80.68	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	19.91 <i>(FRV)</i>	\$3.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.38	\$80.68	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4144								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.81	\$114.11	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73
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 = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.91	\$2.81	\$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	\$227.72	\$116.92	\$0.00	\$25.31	\$26.31	\$0.00	\$34.48	\$1.06	\$19.91	\$3.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GLEN EAGLE HEALTHCARE AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003214231A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6377	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	40.00%	2.5%	Quarterly Medicaid CMI:			1.6853	1.5932
							3.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7184	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,329,737	\$2,480,656	\$0	\$415,788	\$415,605	\$0	\$533,025		\$484,663	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$179,937)	\$0	\$0	\$0	(\$693)	(\$851)	(\$142,922)		(\$35,471)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$140,604			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,343	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,325,747	\$2,480,656	\$0	\$415,788	\$414,912	(\$851)	\$390,103	\$140,604	\$449,192	\$35,343	
8	Total Nursing Facility Days	As Filed Days = 21,855 FY21 Audited C/R Days	21,855										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,855 FY21 GL-PL Ins Rpt Days								21,855			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.93	\$113.51	\$0.00	\$19.02	\$18.95	(with L&H)	\$17.85	\$6.43	\$20.55	\$1.62	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6377									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.31									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.31	\$0.00	\$19.02	\$18.95		\$17.85	\$6.43	\$20.55	\$1.62	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.64	\$69.31	\$0.00	\$19.02	\$18.95		\$17.85	\$6.43	10.46 (FRV)	\$1.62	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.64	\$69.31	\$0.00	\$19.02	\$18.95	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7184									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.43	\$119.10	\$0.00	\$19.02	\$18.95	\$0.00	\$17.85	\$6.43	\$10.46	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.18	\$7.08	\$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	\$218.61	\$126.18	\$0.00	\$19.24	\$19.36	\$0.00	\$35.32	\$6.43	\$10.46	\$1.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.13										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: MeSun Health and Rehabilitation Center	<u>Add-on Data and Percentages</u>	Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>	Facility Specific	State-wide
Pvdr ID: 003245344A	Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	Use Stwd	1.5751
H/B ? : No	BIMS:	66.7%	5.5%	Quarterly Medicaid CMI:	0.9119	1.5932
Case Mix Per Diem Rate Effective Date: 04/01/24	Nurse Hours per On-Site Day/Quality Incentive:	5.21	0.0%	Qtrly Mcaid CMI w RUG Wght Options:	0.9166	1.6218
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23						

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2021 GL-PL Ins. Rpt								\$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								0		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$30.29	\$0.00
	<u>Allowed @ 90% of Std</u>		\$207.44	\$89.84		\$24.14	\$29.95		\$33.22		\$30.29	\$0.00
	Growth Allowance 0.00%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$207.44	\$89.84		\$24.14	\$29.95		\$33.22	\$	30.29	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			0.9166							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$82.35								
	Quarterly Medicaid CMA Allowed Per Diem		\$204.14	\$82.35		\$24.14	\$29.95		\$33.22	4.19	\$30.29	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% o Routine Svcs)		\$4.53	\$4.53								
	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		\$21.63									
	Quarterly Case Mix Based Per Diem Rate		\$225.77	\$86.88		\$24.14	\$29.95		\$50.32	\$4.19	\$30.29	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$156.50									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Archbold Living Cairo	<u>Add-on Data and Percentages</u>	Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>	Facility Specific	State-wide
Prvdr ID: 003294668A	Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	Use Stwd	1.5751
H/B ? : No	BIMS:	0.0%	0.0%	Quarterly Medicaid CMI:	1.5932	1.5932
Case Mix Per Diem Rate Effective Date: 04/01/24	Nurse Hours per On-Site Day/Quality Incentive:	92.90	1.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6218	1.6218
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23						

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2021 GL-PL Ins. Rpt								\$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								0		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$38.80	\$0.00
	<u>Allowed @ 90% of Std</u>		\$215.95	\$89.84		\$24.14	\$29.95		\$33.22		\$38.80	\$0.00
	Growth Allowance 0.00%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$215.95	\$89.84		\$24.14	\$29.95		\$33.22	\$	38.80	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6218							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$145.70								
	Quarterly Medicaid CMA Allowed Per Diem		\$276.00	\$145.70		\$24.14	\$29.95		\$33.22	4.19	\$38.80	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$1.46	\$1.46								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$18.56									
	Quarterly Case Mix Based Per Diem Rate		\$294.56	\$147.16		\$24.14	\$29.95		\$50.32	\$4.19	\$38.80	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$208.09										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: PruittHealth - Rome		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Prvdr ID: 299031876A		Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6203	1.5751
H/B ?: No	Case Mix Per Diem Rate Effective Date: 04/01/24	BIMS:	26.6%	1.0%	Quarterly Medicaid CMI:	1.6702	1.5195
	MDS & Nurse Hrs Data per Quarter Ending: 12/31/23	Nurse Hours per On-Site Day/Quality Incentive:	4.01	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7011	1.5463

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2021 GL-PL Ins. Rpt								\$ 203,634		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								32,699		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$28.49	\$1.31
	Allowed @ 95% of Std		\$216.79	\$94.83		\$25.48	\$31.62		\$35.06		\$28.49	\$1.31
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$223.02	\$94.83		\$25.48	\$31.62		\$35.06	\$ 6.23	\$28.49	\$1.31
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7011							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$161.32								
	Quarterly Medicaid CMA Allowed Per Diem		\$287.47	\$161.32		\$25.48	\$31.62		\$35.06	\$ 4.19	\$28.49	\$1.31
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)		\$1.61	\$1.61								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$8.07	\$8.07								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$26.78									
	Quarterly Case Mix Based Per Diem Rate		\$314.24	\$170.99		\$25.48	\$31.62		\$52.16	\$4.19	\$28.49	\$1.31
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$222.86									

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: RELIABLE HEALTH & REHAB AT LAKEWOOD Prvdr ID: 321026473A Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6888	1.5751
							30.00%	2.5%					1.7986	1.5932
							3.31	3.0%					1.8329	1.6218
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,366,288	\$3,716,569	\$0	\$554,782	\$964,923	\$0	\$1,406,552		\$723,462	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,552)	\$58	\$0	\$0	\$1,789	\$1,441	(\$131,378)		(\$93,462)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$155,807				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,775		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,394,318	\$3,716,627	\$0	\$554,782	\$966,712	\$1,441	\$1,275,174	\$155,807	\$630,000	\$93,775		
8	Total Nursing Facility Days	As Filed Days = 27,111 FY21 Audited C/R Days	27,111											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,111 FY21 GL-PL Ins Rpt Days								27,111				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$272.75	\$137.09	\$0.00	\$20.46	\$35.71	(with L&H)	\$47.04	\$5.75	\$23.24	\$3.46		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6888										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.18										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.18	\$0.00	\$20.46	\$35.71		\$47.04	\$5.75	\$23.24	\$3.46		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.92	\$81.18	\$0.00	\$20.46	\$33.28		\$36.91	\$5.75	11.88 (FRV)	\$3.46		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.92	\$81.18	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8329										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.79										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.53	\$148.79	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.72	\$3.72										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.46	\$4.46										
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	\$26.03	\$8.71	\$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	\$286.56	\$157.50	\$0.00	\$20.68	\$33.28	\$0.00	\$54.01	\$5.75	\$11.88	\$3.46		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.10											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GLENWOOD HEALTHCARE Prvdr ID: 701562744A		Case Mix Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5406	1.5751	
				Qtrly BIMS score	35.14%	2.5%	Quarterly Medicaid CMI:			1.7248	1.5932	
				Nurse Hours per On-Site Day/Quality Incentive:	2.80	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7587	1.6218	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,873,552	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$488,256		\$384,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$70,601)	\$0	\$0	\$0	\$0	\$0	(\$45,565)		(\$25,036)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$36,081		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,036
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,864,068	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$442,691	\$36,081	\$359,923	\$25,036
8	Total Nursing Facility Days	As Filed Days = 15,681 FY21 Audited C/R Days	15,681									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,681 FY21 GL-PL Ins Rpt Days								15,681		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.64	\$91.20	\$0.00	\$16.72	\$19.64	(with L&H)	\$28.23	\$2.30	\$22.95	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5406								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.20	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	\$22.95	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.40	\$59.20	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	12.71 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.40	\$59.20	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7587								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.32	\$104.12	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.63	\$109.33	\$0.00	\$16.94	\$20.05	\$0.00	\$45.70	\$2.30	\$12.71	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.65									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EVERGREEN HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 835154999A		Case Mix Per Diem Rate Effective Date: 4/1/2024				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7485	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.24%	2.5%	Quarterly Medicaid CMI:			1.9328	1.5932
							3.01	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9705	1.6218
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,250,545	\$2,775,059	\$0	\$516,725	\$602,764	\$0	\$1,081,301		\$274,696	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,176)	\$1,860	\$0	\$0	\$0	\$0	(\$168,580)		(\$22,456)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$164,520			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,456	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,248,345	\$2,776,919	\$0	\$516,725	\$602,764	\$0	\$912,721	\$164,520	\$252,240	\$22,456	
8	Total Nursing Facility Days	As Filed Days = 30,107 FY21 Audited C/R Days	30,107										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,107 FY21 GL-PL Ins Rpt Days								30,107			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.32	\$92.23	\$0.00	\$17.16	\$20.02	(with L&H)	\$30.32	\$5.46	\$8.38	\$0.75	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7485									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.75									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.75	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	\$8.38	\$0.75	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.14	\$52.75	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	7.68 (FRV)	\$0.75	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.14	\$52.75	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9705									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.33	\$103.94	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.16	\$4.16									
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	\$25.39	\$7.29	\$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	\$210.72	\$111.23	\$0.00	\$17.38	\$20.43	\$0.00	\$47.79	\$5.46	\$7.68	\$0.75	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.22										