

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PARK PLACE NURSING FACILITY				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00002164A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3126	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.71%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.41	5.0%	Quarterly Medicaid:			1.6269	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3126									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.34									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.34	\$0.00	\$27.29	\$24.90		\$26.76	\$11.33	\$3.47	\$2.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.85	\$86.34	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.85	\$86.34	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6269									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.97	\$140.47	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.02	\$7.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.83	\$8.95	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.80	\$149.42	\$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	\$191.78										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: NEWNAN HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00040719A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3535	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			23.40%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.43	5.0%	Quarterly Medicaid:			1.3494	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3535									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.66									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$94.66	\$0.00	\$23.27	\$27.69		\$40.81	\$4.51	\$8.35	\$0.70	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.39	\$94.66	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.39	\$94.66	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3494									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.47	\$127.73	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$25.93	\$8.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.40	\$135.93	\$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	\$182.48										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: RIVERVIEW HEALTH & REHAB CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00040741A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4415	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			26.77%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.78	2.0%	Quarterly Medicaid:			1.4770	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$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 As Filed Days = 51,330	FY21 Audited C/R Days	51,330										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,330	FY21 GL-PL Ins Rpt Days								51,330			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4415									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.55									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$101.55	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	\$22.81	\$1.98	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.10	\$101.55	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.10	\$101.55	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4770									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.54	\$149.99	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.50	\$1.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.03	\$5.03	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$278.57	\$155.02	\$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	\$208.93										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE WILLIAM BREMAN JEWISH HOME Prvdr ID: 00040752A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 39.47% Nurse Hrs per On-Site Day/Q: 5.17	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4272 Quarterly Medicaid: 1.3984	<u>PDPM Facility</u> 1.4210 1.3984	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$9,817,629	\$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	FY21 Audited C/R Days	25,930									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,930	FY21 GL-PL Ins Rpt Days								25,930		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4272								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.60								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$124.60	\$0.00	\$57.89	\$49.29		\$51.77	\$5.31	\$35.12	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.39	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$5.31	27.02 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$235.39	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3984								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.08	\$146.31	\$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	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.66	\$3.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine 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	\$25.15	\$8.05	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$302.23	\$154.36	\$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	\$213.85									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SIGNATURE HEALTHCARE OF BUCKHEAD				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00040763A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3709	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.00%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.92		4.0%		Quarterly Medicaid:			1.4707	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	44,926												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								44,926					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3709											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.98											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$110.98	\$0.00	\$17.76	\$25.79		\$56.24	\$3.21	\$16.64	\$2.18			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.45	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.45	\$104.63	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4707											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.88											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.70	\$153.88	\$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 ([Std - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.85	\$3.85											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$27.74	\$10.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$278.44	\$163.89	\$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	\$196.01												

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: Magnolia Manor Methodist Nursing Center Prvdr ID: 00040785A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 33.3% Nurse Hours per On-Site Day/Quality Incentive: 4.37		Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6434 Quarterly Medicaid CMI: 1.7198 Qtrly Mcaid CMI w RUG Wght Options: 1.7562			Facility Specific: 1.6434 1.7198 1.7562	State-wide: 1.5751 1.5195 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							\$ 224,177		
Total Nursing Facility Days GL-PL Ins. Rpt			FY2021 GL-PL Ins. Rpt							57,067		
Standard Per Diem (After CMA for Routine Svcs)			FY 2021 Peer Group Limit	\$104.63		\$26.82	\$33.28		\$36.91		\$31.24	\$1.39
<u>Allowed @ 95% of Std</u>				\$99.40		\$25.48	\$31.62		\$35.06		\$31.24	\$1.39
Growth Allowance 0.0%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem (After Growth Allowance)				\$99.40		\$25.48	\$31.62		\$35.06	\$ 3.93	\$31.24	\$1.39
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem											(FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem				\$303.55	\$174.57	\$25.48	\$31.62		\$35.06	\$ 4.19	\$31.24	\$1.39
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$4.36	\$4.36							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$5.24	\$5.24							
Nursing Home Provider Fee				\$0.00					0.00			
Total Quarterly Per Diem Add-On Amounts				\$9.60								
	Quarterly Case Mix Based Per Diem Rate			\$313.15	\$184.17		\$25.48	\$31.62		\$35.06	\$4.19	\$31.24 \$1.39
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$234.86									

PDPM Shadow Rate. This is not your rate.

* 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.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PINE VIEW NURSING AND REHAB CENTER				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00040796A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5089	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			30.00%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.78	3.0%	Quarterly Medicaid:			1.4967	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5089									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.40									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.40	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	\$11.32	\$1.85	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.95	\$68.40	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.95	\$68.40	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4967									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.93	\$102.37	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$227.19	\$108.53	\$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	\$157.57										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: TWIN VIEW HEALTH AND REHAB				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00040807A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3634	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			32.79%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.10	3.0%	Quarterly Medicaid:			1.4856	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 As Filed Days = 31,639	FY21 Audited C/R Days	31,639										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,639	FY21 GL-PL Ins Rpt Days								31,639			
9	Net Per Diems prior to Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3634									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.05									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.05	\$0.00	\$12.05	\$16.23		\$44.75	\$1.34	\$18.65	\$1.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.37	\$55.05	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.37	\$55.05	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4856									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.10	\$81.78	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.04	\$2.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45									
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	\$22.75	\$5.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$181.85	\$86.80	\$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	\$123.56										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: A.G. RHODES HOME WESLEY WOODS Prvdr ID: 00040818A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 42.47% Nurse Hrs per On-Site Day/Q 4.12	<u>Facility Score</u> 0.00% 2.5% 5.0%	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.7389 Quarterly Medicaid: 1.4800	<u>PDPM Facility</u> 1.7389 1.4800	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.7389								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.65								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.65	\$0.00	\$33.72	\$34.50		\$63.72	\$4.55	\$10.56	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.47	\$97.65	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.47	\$97.65	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4800								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.34	\$144.52	\$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 ([Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.61	\$3.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$28.47	\$11.37	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$291.81	\$155.89	\$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	\$206.03									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - AUSTELL				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00059276A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4250	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			31.94%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.10		6.0%		Quarterly Medicaid:			1.3504	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4250											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.40											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.40	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	\$10.20	\$1.31			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.76	\$74.40	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.76	\$74.40	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3504											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.47											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.83	\$100.47	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.03	\$6.03											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.17	\$9.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$228.00	\$109.54	\$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	\$158.18												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: NORTHRIDGE HEALTH AND REHABILITATION				Add-on Data and Percentag			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00059331A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2672	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			23.26%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.62		5.0%		Quarterly Medicaid:			1.2684	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,398,513	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2672											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.11											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.11	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	\$21.02	\$0.44			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.29	\$91.11	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	16.97 (FRV)	\$0.44			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.29	\$91.11	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$0.44			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2684											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.56											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.74	\$115.56	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$0.44			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$25.57	\$7.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.31	\$123.03	\$0.00	\$22.41	\$30.57	\$0.00	\$51.83	\$3.06	\$16.97	\$0.44			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.41												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: THE BELL MINOR HOME				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00059397A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4586	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.69%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.52	3.0%	Quarterly Medicaid:			1.3929	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 28,745	FY21 Audited C/R Days	28,745										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,745	FY21 GL-PL Ins Rpt Days								28,745			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4586									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.21									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.21	\$0.00	\$18.26	\$18.65		\$39.69	\$7.30	\$66.08	\$2.26	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.36	\$79.21	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.36	\$79.21	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3929									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.48	\$110.33	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.67	\$4.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.15	\$115.27	\$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	\$159.79										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: AZALEA HEALTH AND REHABILITATION CENTER				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00059441A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4854	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			28.26%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.48	2.0%	Quarterly Medicaid:			1.5496	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,477,747	\$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 Adjstmtns	\$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 As Filed Days = 25,933	FY21 Audited C/R Days	25,933										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,933	FY21 GL-PL Ins Rpt Days								25,933			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4854									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.88	\$0.00	\$21.85	\$20.51		\$40.34	\$0.27	\$43.36	\$1.87	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.24	\$86.88	\$0.00	\$21.85	\$20.51		\$36.91	\$0.27	13.95 (FRV)	\$1.87	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.24	\$86.88	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5496									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.99	\$134.63	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.29	\$139.20	\$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	\$176.39										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: NORTH DECATUR HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00059452A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5182	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.59%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.60	3.0%	Quarterly Medicaid:			1.3335	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5182									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.92									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.92	\$0.00	\$19.06	\$18.13		\$43.42	\$11.14	\$26.76	\$3.04	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.27	\$79.92	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.27	\$79.92	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.3335									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.92	\$106.57	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.53	\$4.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.45	\$111.37	\$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	\$159.26										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - AUGUSTA				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00059463A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4544	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.78%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.87	4.0%	Quarterly Medicaid:			1.4248	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,391,168	\$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 Adjstmtns	(\$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 Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4544									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.03									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.03	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	\$5.97	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.25	\$84.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.25	\$84.03	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$1.36	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4248									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.95	\$119.73	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.79	\$4.79									
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	\$24.62	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$259.57	\$126.25	\$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	\$181.85										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BOLINGREEN HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00059485A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3400	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.17%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.80	5.0%	Quarterly Medicaid:			1.3619	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,610,580	\$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	As Filed Days = 25,200		25,268									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,200								25,268			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3400									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.84									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.84	\$0.00	\$25.72	\$27.92		\$37.20	\$5.04	\$33.17	\$0.49	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.42	\$96.84	\$0.00	\$25.72	\$27.92		\$36.91	\$5.04	10.50 (FRV)	\$0.49	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.42	\$96.84	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$0.49	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3619									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.47	\$131.89	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$0.49	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.59	\$6.59									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.17	\$8.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.64	\$140.33	\$0.00	\$25.94	\$28.33	\$0.00	\$54.01	\$5.04	\$10.50	\$0.49	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.66										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BROWN HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00059562A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4121	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.54%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.41	6.0%	Quarterly Medicaid:			1.5129	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,372,178	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4121									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.54									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.54	\$0.00	\$21.46	\$34.20		\$36.59	\$3.72	\$9.40	\$0.91	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.53	\$85.54	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.53	\$85.54	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5129									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.40	\$129.41	\$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 ([Std - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.76	\$7.76									
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	\$27.14	\$9.58	\$0.00	\$0.22	\$0.00	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.54	\$138.99	\$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	\$190.83										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: CARROLLTON NURSING & REHAB CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00059661A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3303	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			21.62%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.84	3.0%	Quarterly Medicaid:			1.3916	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								34,428			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3303									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.35									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.35	\$0.00	\$18.76	\$19.38		\$37.42	\$0.47	\$33.71	\$1.67	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.18	\$73.35	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$73.35	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3916									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.91	\$102.07	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.34	\$4.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$210.25	\$106.68	\$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	\$144.86										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CHAPLINWOOD NURSING HOME Prvdr ID: 00059694A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.03% Nurse Hrs per On-Site Day/Q 3.93	<u>Facility Score</u> 0.00% 1.0% 5.0%	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3601 Quarterly Medicaid: 1.4018	<u>PDPM Facility</u> 1.3601 1.4018	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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	(\$204,151)	(\$5,892)	\$0	(\$735)	(\$17,060)	(\$4,950)	(\$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	\$5,842,300	\$2,735,761	\$0	\$721,635	\$606,250	(\$4,950)	\$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 Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.76	\$106.18	\$0.00	\$28.01	\$23.34	(with L&H)	\$31.78	\$4.09	\$32.22	\$1.14
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3601								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.07	\$0.00	\$28.01	\$23.34		\$31.78	\$4.09	\$32.22	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.97	\$78.07	\$0.00	\$26.82	\$23.34		\$31.78	\$4.09	11.73 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.97	\$78.07	\$0.00	\$26.82	\$23.34	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4018								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.34	\$109.44	\$0.00	\$26.82	\$23.34	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.47	\$5.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.97	\$7.09	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$233.31	\$116.53	\$0.00	\$26.82	\$23.75	\$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	\$162.16									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HAZELHURST COURT CARE AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00059705A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3030	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			26.92%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.63	3.0%	Quarterly Medicaid:			1.4146	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,730,251	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3030									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.96									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.96	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	\$22.18	\$0.77	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.79	\$72.96	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.79	\$72.96	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4146									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.04	\$103.21	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10									
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	\$22.76	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$194.80	\$107.87	\$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	\$133.28										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SOUTHWELL HEALTH AND REHABILITATION Prvdr ID: 00059826A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 40.32% Nurse Hrs per On-Site Day/Q 3.37	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3761 Quarterly Medicaid: 1.3573	<u>PDPM Facility</u> 1.3761 1.3573	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	33,254									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								33,254		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3761								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.28								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.28	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	\$40.05	\$0.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.12	\$102.28	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.12	\$102.28	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3573								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.66	\$138.82	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$3.47	\$3.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$26.26	\$8.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.92	\$146.98	\$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	\$176.87									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CORDELE HEALTH AND REHABILITATION				Add-on Data and Percentage				Facility Score	Add-on Percent	Facility Model (PDPM) Data				PDPM Facility	PDPM Statewide
Prvdr ID: 00059892A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.6110	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				22.00%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.70	3.0%	Quarterly Medicaid:				1.4286	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,323,383	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6110											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.81											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$120.81	\$0.00	\$24.15	\$26.27		\$55.80	\$2.57	\$30.88	\$0.43			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.63	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.63	\$104.63	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4286											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.47											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.48	\$149.47	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.48	\$4.48											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.70	\$5.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$273.18	\$155.44	\$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	\$192.06												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: DUBLINAIR HEALTH & REHAB Prvdr ID: 00059947A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.53% Nurse Hrs per On-Site Day/Q 3.19	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3913 Quarterly Medicaid: 1.4515	<u>PDPM Facility</u> 1.3913 1.4515	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,723,633	\$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	31,222									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,218										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3913								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.87								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.87	\$0.00	\$21.58	\$20.28		\$40.29	\$0.00	\$21.46	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.88	\$75.87	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.88	\$75.87	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4515								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.14	\$110.13	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$24.31	\$6.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$224.45	\$116.71	\$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	\$155.51									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: RIVER TOWNE CENTER Prvdr ID: 00082684A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.68% Nurse Hrs per On-Site Day/Q 3.76	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.8756 Quarterly Medicaid: 1.8952	<u>PDPM Facility</u> 1.8756 1.8952	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 As Filed Days = 39,612	FY21 Audited C/R Days	39,612									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,612	FY21 GL-PL Ins Rpt Days								39,612		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.8756								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.98								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.98	\$0.00	\$16.79	\$14.14		\$42.04	\$5.06	\$26.14	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.97	\$63.98	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.97	\$63.98	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.8952								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.24	\$121.25	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.11	\$5.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$227.35	\$126.63	\$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	\$157.69									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HEARDMONT HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00082981A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5202	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			21.95%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.05	3.0%	Quarterly Medicaid:			1.2863	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 As Filed Days = 15,257	FY21 Audited C/R Days	15,257										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,257	FY21 GL-PL Ins Rpt Days								15,257			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5202									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.58									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.58	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	\$14.70	\$1.17	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.02	\$59.58	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.02	\$59.58	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2863									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.08	\$76.64	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30									
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	\$21.70	\$3.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$184.78	\$80.24	\$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	\$125.76										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: AUTUMN LANE HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00082992A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2741	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.29%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.57	5.0%	Quarterly Medicaid:			1.3184	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,875,249	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2741									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.54									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.54	\$0.00	\$19.56	\$24.87		\$39.55	\$3.40	\$56.30	\$9.19	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.54	\$87.54	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.54	\$87.54	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3184									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.41	\$115.41	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.77	\$5.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.18	\$7.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.59	\$122.86	\$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	\$189.37										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SIGNATURE HEALTHCARE AT TOWER ROAD Prvdr ID: 00083003A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.73% Nurse Hrs per On-Site Day/Q: 2.53	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4525 Quarterly Medicaid: 1.6517	<u>PDPM Facility</u> 1.4525 1.6517	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4525								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.12	\$0.00	\$19.38	\$18.28		\$57.22	\$3.52	\$64.36	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.02	\$100.12	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.02	\$100.12	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6517								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$165.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.26	\$165.37	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.65	\$1.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.96	\$4.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.87	\$7.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$281.13	\$172.51	\$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	\$198.02									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: GREEN ACRES HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00083014A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.4249	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			33.78%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.05		5.0%		Quarterly Medicaid:			1.3400	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,134,826	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4249													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.41													
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.41	\$0.00	\$20.01	\$24.82		\$54.57	\$4.08	\$31.09	\$1.25					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.83	\$75.41	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.83	\$75.41	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3400													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.05													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.47	\$101.05	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.05	\$5.05													
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	\$25.84	\$8.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.31	\$109.16	\$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	\$156.16														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ABERCORN REHABILITATION CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00083025A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.3270	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.64%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.00		5.0%		Quarterly Medicaid:			1.3355	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,104,821	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3270													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.96													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.96	\$0.00	\$17.05	\$17.84		\$41.83	\$8.46	\$49.23	\$2.86					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.54	\$78.96	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.54	\$78.96	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3355													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.45													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.03	\$105.45	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.27	\$5.27													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.58	\$6.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$224.61	\$112.30	\$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	\$155.63														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LYNN HAVEN HEALTH AND REHABILITATION Prvdr ID: 00083036A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 54.17% Nurse Hrs per On-Site Day/Q: 3.45	<u>Facility Score</u> 0.00% 5.5% 5.0%	<u>Add-on Percent</u> 0.00% 5.5% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3570 Quarterly Medicaid: 1.2600	<u>PDPM Facility</u> 1.3570 1.2600	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	20,533									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								20,533		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3570								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.62								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.62	\$0.00	\$22.65	\$38.28		\$39.36	\$3.90	\$34.03	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.51	\$90.62	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.51	\$90.62	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$1.59
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2600								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.07	\$114.18	\$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 ([Std - 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 =	Ln 19 Col b x CPS Add-on	\$6.28	\$6.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$5.71	\$5.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.84	\$12.52	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$255.91	\$126.70	\$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	\$179.11									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>		
Prvdr ID: 00083047A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.6458		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			30.23%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.42		4.0%		Quarterly Medicaid:			1.6265		1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37								
Base Period Per Diem Allowed Amounts																	
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 Model Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$231.32	\$114.38	\$0.00	\$27.73	\$24.15	(with L&H)	\$40.14	\$8.01	\$16.06	\$0.85					
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6458													
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.50													
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.50	\$0.00	\$27.73	\$24.15		\$40.14	\$8.01	\$16.06	\$0.85					
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.07	\$69.50	\$0.00	\$26.82	\$24.15		\$36.91	\$8.01	10.83 (FRV)	\$0.85					
Quarterly Per Diem Rate Prior to Add-ons																	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.07	\$69.50	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6265													
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.04													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.61	\$113.04	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.39	\$7.88	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.00	\$120.92	\$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	\$171.68														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: THE CENTER FOR ADVANCED REHAB AT PARKSIDE				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00083102A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.9339	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			18.97%		0.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.61		2.0%		Quarterly Medicaid:			1.8371	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
PDPM BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 As Filed Days = 42,973	FY21 Audited C/R Days	42,973												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,973	FY21 GL-PL Ins Rpt Days								42,973					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.9339											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$22.15	\$19.46		\$40.00	\$1.80	\$31.39	\$3.89			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.51	\$62.12	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.51	\$62.12	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.8371											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.12											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.51	\$114.12	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$20.54	\$2.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.05	\$116.93	\$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	\$167.96												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>		
Prvdr ID: 00083124A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.6639		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			42.11%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.83		4.0%		Quarterly Medicaid:			1.5497		1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37								
Base Period Per Diem Allowed Amounts																	
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.6639													
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75													
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	\$12.60	\$1.03					
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.77	\$65.75	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.77	\$65.75	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$1.03					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5497													
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.89													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.91	\$101.89	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see 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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$25.26	\$7.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$224.17	\$109.05	\$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	\$155.30														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PIONEER HEALTH OF CENTRAL GEORGIA				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00083135A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1195	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			#N/A	#N/A					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			no data	0.0%	Quarterly Medicaid:			#N/A	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$4,912,583	\$2,523,225	\$0	\$372,332	\$438,565	\$0	\$753,002		\$825,459	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$100,583)	(\$2,646)	\$0	\$0	\$0	\$0	(\$76,309)		(\$21,628)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,786			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,628	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,896,414	\$2,520,579	\$0	\$372,332	\$438,565	\$0	\$676,693	\$62,786	\$803,831	\$21,628	
8	Total Nursing Facility Days As Filed Days = 26,733	FY21 Audited C/R Days	26,733										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,733	FY21 GL-PL Ins Rpt Days								26,733			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.17	\$94.29	\$0.00	\$13.93	\$16.41	(with L&H)	\$25.31	\$2.35	\$30.07	\$0.81	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1195									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.22									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.22	\$0.00	\$13.93	\$16.41		\$25.31	\$2.35	\$30.07	\$0.81	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.93	\$84.22	\$0.00	\$13.93	\$16.41		\$25.31	\$2.35	9.90 (FRV)	\$0.81	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.93	\$84.22	\$0.00	\$13.93	\$16.41	\$0.00	\$25.31	\$2.35	\$9.90	\$0.81	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4021									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.79	\$118.09	\$0.00	\$13.93	\$16.41	\$0.00	\$25.31	\$2.35	\$9.90	\$0.81	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = #N/A (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$205.42	\$118.62	\$0.00	\$14.15	\$16.82	\$0.00	\$42.78	\$2.35	\$9.90	\$0.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.24										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: NHC HEALTHCARE ROSSVILLE Prvdr ID: 00083146A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.86% Nurse Hrs per On-Site Day/Q: 4.11	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2464 Quarterly Medicaid: 1.3159	<u>PDPM Facility</u> 1.2464 1.3159	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 As Filed Days = 31,938	FY21 Audited C/R Days	31,938									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,938	FY21 GL-PL Ins Rpt Days								31,938		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2464								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.06								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.06	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	\$8.05	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.30	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.30	\$104.63	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3159								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.35	\$137.68	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.44	\$3.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.67	\$7.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$254.02	\$145.25	\$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	\$177.69									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SIGNATURE HEALTHCARE OF SAVANNAH				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00083157A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4390	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			13.48%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.05	4.0%	Quarterly Medicaid:			1.5037	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 37,322	FY21 Audited C/R Days	37,322										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,322	FY21 GL-PL Ins Rpt Days								37,322			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4390									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$16.80	\$16.19		\$53.37	\$3.92	\$3.24	\$1.85	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.83	\$79.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.83	\$79.03	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5037									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.64	\$118.84	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.75	\$4.75									
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	\$23.01	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$228.65	\$124.12	\$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	\$158.66										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: MUSCOGEE MANOR & REHABILITATION CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00083223A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.6463 1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.04%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			5.52		3.0%		Quarterly Medicaid:			1.5114 1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6463											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.60											
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$106.60	\$0.00	\$25.86	\$34.33		\$29.58	\$5.22	\$4.76	\$0.73			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.12	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.12	\$104.63	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5114											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$158.14											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.63	\$158.14	\$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 ([Std - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.95	\$3.95											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.74	\$4.74											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.38	\$8.69	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$302.01	\$166.83	\$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	\$213.68												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: TUCKER WELLNESS AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00083267A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3060	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			26.51%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.87	5.0%	Quarterly Medicaid:			1.4630	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3060									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.42									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.42	\$0.00	\$18.59	\$21.23		\$43.08	\$4.07	\$7.77	\$4.52	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.02	\$83.42	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.02	\$83.42	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4630									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.64	\$122.04	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.10	\$6.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.58	\$7.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$244.22	\$129.89	\$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	\$170.34										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MADISON HEALTH AND REHAB				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00083278A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.7047	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			52.46%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.65		5.0%		Quarterly Medicaid:			1.7321	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
PDPM BASED RATE CALCULATIONS																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.7047													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.29													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.29	\$0.00	\$22.52	\$33.30		\$28.14	\$4.98	\$0.47	\$1.76					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.78	\$58.29	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.78	\$58.29	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7321													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.96													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.46	\$100.96	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00						
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.55	\$5.55													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.05	\$5.05													
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	\$28.82	\$11.13	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.28	\$112.09	\$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	\$161.39														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: RIVERDALE CENTER FOR NURSING AND HEALING				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00083289A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.5658	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			26.21%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.41		2.0%		Quarterly Medicaid:			1.3830	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$9,209,864	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5658											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.15											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.15	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	\$23.34	\$3.73			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.25	\$59.15	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.25	\$59.15	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3830											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.80											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.91	\$81.80	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64											
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	\$21.09	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$193.00	\$84.79	\$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	\$131.93												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ROSE CITY HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00083311A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5158	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			35.19%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.96	3.0%	Quarterly Medicaid:			1.3754	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	\$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	19,399										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,399								19,399			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5158									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.87									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.87	\$0.00	\$23.85	\$20.75		\$44.34	\$2.22	\$24.97	\$1.15	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.74	\$82.87	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.74	\$82.87	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3754									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.85	\$113.98	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.53	\$6.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.38	\$120.78	\$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	\$163.71										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE A.G. RHODES HOME, INC.				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00140005A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.6663	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			63.33%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.27		5.0%		Quarterly Medicaid:			1.4458	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
PDPM BASED RATE CALCULATIONS																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$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															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,966															
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6663													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.38													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.38	\$0.00	\$29.94	\$36.63		\$55.08	\$4.29	\$7.25	\$0.57					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.46	\$98.38	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.46	\$98.38	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4458													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.24													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.32	\$142.24	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.82	\$7.82													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.11	\$7.11													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.56	\$15.46	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$295.88	\$157.70	\$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	\$209.09														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ALTAMAHA HEALTHCARE CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00140027A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.2691	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			28.57%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.75		3.0%		Quarterly Medicaid:			1.3404	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,558,257	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.2691</u>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.26													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.26	\$0.00	\$16.93	\$17.05		\$37.31	\$2.04	\$9.41	\$1.23					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.16	\$71.26	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.16	\$71.26	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$1.23					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3404</u>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.52													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.41	\$95.52	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87													
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	\$22.09	\$4.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.50	\$99.88	\$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	\$137.55														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - GREENVILLE				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide			
Prvdr ID: 00140038A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.2017		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:		21.31%		1.0%											
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q		2.46		4.0%					Quarterly Medicaid:			1.2862		1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance							
			a	b	c	d	e	f	g	g	h	i							
<u>PDPM BASED RATE CALCULATIONS</u>																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,205								25,205									
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2017															
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.43															
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.43	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	\$10.81	\$1.46							
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.64	\$70.43	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.64	\$70.43	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46							
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2862															
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.59															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.80	\$90.59	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91															
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$212.96	\$95.65	\$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	\$146.90																

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BRENTWOOD HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140071A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4337	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			32.14%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.16		5.0%		Quarterly Medicaid:			1.3729	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
PDPM BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4337											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.33											
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.33	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	\$24.84	\$1.24			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.95	\$73.33	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.95	\$73.33	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3729											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.67											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.30	\$100.67	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.18	\$8.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.48	\$108.75	\$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	\$151.04												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: WESTMINSTER COMMONS				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140082A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2659	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.11%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.22	3.0%	Quarterly Medicaid:			1.1789	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstrmts	(\$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 As Filed Days = 25,120	FY21 Audited C/R Days	25,120										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,120	FY21 GL-PL Ins Rpt Days								25,120			
9	Net Per Diems prior to Model Adjstrmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.2659									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.47									
12	Net Per Diems after Model Adjstrmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.47	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	\$27.04	\$3.02	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.13	\$97.47	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.13	\$97.47	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1789									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.57	\$114.91	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.95	\$6.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$227.52	\$121.76	\$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	\$157.82										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: APPLING NURSING AND REHABILITATION PAVILION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140093A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1287	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.69%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.36	4.0%	Quarterly Medicaid:			1.1608	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$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	34,228										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,228											
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1287									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.03	\$0.00	\$28.14	\$29.96		\$48.25	\$8.72	\$18.26	\$0.80	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.49	\$98.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.49	\$98.03	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1608									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.79									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.26	\$113.79	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$23.95	\$6.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.21	\$120.01	\$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	\$189.83										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - ASHBURN				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140104A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4628	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.21%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.51	5.0%	Quarterly Medicaid:			1.4167	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4628									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.62									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.62	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	\$4.96	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.92	\$71.62	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.92	\$71.62	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4167									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.77	\$101.46	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.07	\$5.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.24	\$8.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$228.01	\$109.60	\$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	\$158.18										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - BROOKHAVEN				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140115A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5001	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			17.35%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.08	5.0%	Quarterly Medicaid:			1.4208	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5001									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.10									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.10	\$0.00	\$16.74	\$25.98		\$37.08	\$14.97	\$14.48	\$2.48	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.42	\$81.10	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.42	\$81.10	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4208									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.54	\$115.23	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.76	\$5.76									
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	\$24.02	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$247.56	\$121.52	\$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	\$172.85										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE OAKS - ATHENS SKILLED NURSING Prvdr ID: 00140126A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 19.40% Nurse Hrs per On-Site Day/Q: 3.85	<u>Facility Score</u> 0.00% 0.0% 5.0%	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4814 Quarterly Medicaid: 1.5176	<u>PDPM Facility</u> 1.4814 1.5176	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	36,062									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,062		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4814								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.60								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.60	\$0.00	\$24.07	\$39.66		\$42.78	\$16.44	\$39.70	\$9.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$250.40	\$102.60	\$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	\$250.40	\$102.60	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.5176								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.50	\$155.71	\$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 ([Std - 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	\$7.79	\$7.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.64	\$8.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$329.14	\$164.03	\$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	\$234.03									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: EAST LAKE ARBOR				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide		
Prvdr ID: 00140137A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance: N/A			0.00%		Base Period Overall:			1.5165		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score: 33.87%			2.5%											
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q 3.75			3.0%					Quarterly Medicaid:			1.4261		1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<u>PDPM BASED RATE CALCULATIONS</u>																		
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5165														
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.58														
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.58	\$0.00	\$19.01	\$17.51		\$39.70	\$8.33	\$8.25	\$2.76						
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.50	\$76.58	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.50	\$76.58	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4261														
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.21														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.13	\$109.21	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.27	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$228.40	\$115.75	\$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	\$158.48															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: AUTUMN BREEZE HEALTH AND REHAB Prvdr ID: 00140159A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hrs per On-Site Day/Q 3.45	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5004 Quarterly Medicaid: 1.6271	<u>PDPM Facility</u> 1.5004 1.6271	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								29,376		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5004								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.48								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.48	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	\$31.33	\$1.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.93	\$58.48	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$58.48	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6271								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.60	\$95.15	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85								
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	\$23.86	\$5.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$201.46	\$100.91	\$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	\$138.27									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: THE OAKS - CARROLLTON SKILLED NURSING				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140181A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3886	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			50.00%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.58	5.0%	Quarterly Medicaid:			1.4000	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,471,814	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3886									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.09									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.09	\$0.00	\$21.06	\$31.60		\$48.40	\$15.34	\$37.05	\$4.78	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.01	\$97.09	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.01	\$97.09	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4000									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.85	\$135.93	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.48	\$7.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$32.54	\$14.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$300.39	\$150.74	\$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	\$212.47										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BAPTIST VILLAGE, INC.				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140203A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4205	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			31.16%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.21	3.0%	Quarterly Medicaid:			1.3820	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 As Filed Days = 62,767	FY21 Audited C/R Days	62,767										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 62,767	FY21 GL-PL Ins Rpt Days								62,767			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4205									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.17									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.17	\$0.00	\$37.42	\$33.16		\$60.40	\$2.74	\$10.25	\$1.14	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.78	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.78	\$104.63	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3820									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.74	\$144.60	\$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 ([Std - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.61	\$3.61									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.34	\$4.34									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.04	\$7.95	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.78	\$152.55	\$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	\$203.84										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE OAKS - BETHANY SKILLED NURSING				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140258A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3901	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				39.81%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.00	5.0%	Quarterly Medicaid:			1.4178	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3901										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.02										
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.02	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	\$7.66	\$1.40		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.78	\$84.02	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.78	\$84.02	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4178										
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.12										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.88	\$119.12	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$27.57	\$9.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.45	\$128.59	\$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	\$182.51											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - BETHANY				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140269A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3529	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			35.71%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.46	4.0%	Quarterly Medicaid:			1.4148	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	24,639										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,639	FY21 GL-PL Ins Rpt Days								24,639			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3529									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.84									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.84	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	\$7.61	\$1.37	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.61	\$89.84	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	13.98 (FRV)	\$1.37	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.61	\$89.84	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4148									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.88	\$127.11	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$26.89	\$8.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.77	\$135.90	\$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	\$184.25										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CUMMING HEALTH & REHAB				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140302A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5863	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			46.51%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.12	3.0%	Quarterly Medicaid:			1.4800	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
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	\$6,231,841	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5863									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.34									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$110.34	\$0.00	\$32.37	\$37.29		\$46.75	\$10.17	\$5.23	\$3.17	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.61	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$226.61	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4800									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.85									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$276.83	\$154.85	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.52	\$8.52									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$30.27	\$13.17	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$307.10	\$168.02	\$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	\$217.50										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: RIVERSIDE HEALTH CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140324A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4013	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.36%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.45	3.0%	Quarterly Medicaid:			1.4445	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	As Filed Days = 39,567											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,567											
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4013									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.56									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.56	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	\$54.38	\$3.75	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.54	\$93.56	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.54	\$93.56	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4445									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.13	\$135.15	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$26.06	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$259.19	\$143.11	\$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	\$181.57										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: RIVERSIDE HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140346A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2894	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			28.85%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.37		5.0%		Quarterly Medicaid:			1.3102	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2894											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.31											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.31	\$0.00	\$24.72	\$26.31		\$38.97	\$3.75	\$6.43	\$0.50			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.35	\$87.31	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.35	\$87.31	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3102											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.39											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.43	\$114.39	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.72	\$5.72											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$243.55	\$121.78	\$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	\$169.84												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BONTERRA TRANSITIONAL CARE & REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140357A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3402	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			26.92%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.13	2.0%	Quarterly Medicaid:			1.4242	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 As Filed Days = 36,165	FY21 Audited C/R Days	36,165										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,165	FY21 GL-PL Ins Rpt Days								36,165			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3402									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.08									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.08	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	\$31.96	\$1.62	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.37	\$75.08	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.37	\$75.08	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4242									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.22	\$106.93	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.06	\$110.67	\$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	\$149.22										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ANDERSON MILL HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140379A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5127	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			17.71%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.85	3.0%	Quarterly Medicaid:			1.4879	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$9,594,237	\$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 Adjstmtns	\$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 Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5127									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.65									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.65	\$0.00	\$18.49	\$18.71		\$44.48	\$2.49	\$37.21	\$1.80	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.63	\$84.65	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.63	\$84.65	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4879									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.93	\$125.95	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78									
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	\$22.04	\$4.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.97	\$130.26	\$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	\$164.15										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - VIRGINIA PARK				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140401A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5654	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.07%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.75	5.0%	Quarterly Medicaid:			1.5067	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 36,290	FY21 Audited C/R Days	36,290										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,290	FY21 GL-PL Ins Rpt Days								36,290			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5654									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.56									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.56	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	\$11.51	\$2.13	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.40	\$76.56	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.40	\$76.56	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5067									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.19	\$115.35	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.77	\$5.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.28	\$9.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$247.47	\$124.53	\$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	\$172.78										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BRIGHTMOOR NURSING CENTER, LLC				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140412A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3011	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			31.65%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.68		4.0%		Quarterly Medicaid:			1.3204	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$9,596,126	\$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 Adjstrmts	(\$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 As Filed Days = 34,111	FY21 Audited C/R Days	34,111												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,111	FY21 GL-PL Ins Rpt Days								34,111					
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3011											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.09											
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$103.09	\$0.00	\$31.92	\$46.01		\$35.14	\$7.36	\$24.64	\$4.10			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.08	\$103.09	\$0.00	\$26.82	\$33.28		\$35.14	\$7.36	19.29 (FRV)	\$4.10			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.08	\$103.09	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3204											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.12											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.11	\$136.12	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.40	\$3.40											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.44	\$5.44											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.84	\$9.37	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$288.95	\$145.49	\$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	\$203.89												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BROWN'S HEALTH & REHAB CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140434A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2363	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			14.29%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.55	2.0%	Quarterly Medicaid:			1.3833	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,494,237	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2363									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.12									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.12	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	\$17.53	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.72	\$74.12	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.72	\$74.12	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3833									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.13	\$102.53	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.81	\$105.11	\$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	\$140.03										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - LANIER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140456A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3601	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			38.30%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.09	5.0%	Quarterly Medicaid:			1.4445	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 21,629	FY21 Audited C/R Days	21,629										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,629	FY21 GL-PL Ins Rpt Days								21,629			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3601									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.40									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.40	\$0.00	\$18.41	\$31.89		\$40.68	\$23.50	\$14.11	\$1.62	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.55	\$100.40	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.55	\$100.40	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4445									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.18	\$145.03	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.63	\$3.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.25	\$7.25									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.14	\$11.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$295.32	\$156.44	\$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	\$208.67										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CHURCH HOME REHABILITATION AND HEALTHCARE				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140467A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6184	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.10	4.0%	Quarterly Medicaid:			1.4861	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6184									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.17									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.17	\$0.00	\$30.78	\$18.59		\$38.11	\$1.44	\$16.66	\$0.67	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.01	\$68.17	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.01	\$68.17	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4861									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.14	\$101.31	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$23.10	\$5.59	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$239.24	\$106.90	\$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	\$166.61										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CALHOUN NURSING HOME				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140478A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.9103	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			46.43%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.69	3.0%	Quarterly Medicaid:			1.7414	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	19,676										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,676								19,676			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.9103									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.38									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.38	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	\$9.93	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.90	\$83.38	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	15.89 (FRV)	\$1.06	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.90	\$83.38	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$15.89	\$1.06	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7414									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.71	\$145.20	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$15.89	\$1.06	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.99	\$7.99									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.36	\$4.36									
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	\$30.98	\$12.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.69	\$158.08	\$0.00	\$23.50	\$24.48	\$0.00	\$40.57	\$6.12	\$15.89	\$1.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.44										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CANTON CENTER FOR NURSING AND HEALING LLC				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140511A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6347	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.83%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.23	2.0%	Quarterly Medicaid:			1.4248	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 As Filed Days = 26,879	FY21 Audited C/R Days	26,879										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,879	FY21 GL-PL Ins Rpt Days								26,879			
9	Net Per Diems prior to Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.6347									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.17									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.17	\$0.00	\$24.13	\$34.25		\$39.43	\$4.27	\$3.75	\$1.92	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.15	\$72.17	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.15	\$72.17	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4248									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.81	\$102.83	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.94	\$3.62	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.75	\$106.45	\$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	\$164.74										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: UNIVERSITY NURSING & REHAB CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140533A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3312	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.32%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.14	3.0%	Quarterly Medicaid:			1.4114	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,972,415	\$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 Adjstmtns	(\$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 As Filed Days = 30,853	FY21 Audited C/R Days	30,853										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,853	FY21 GL-PL Ins Rpt Days								30,853			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3312									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.66									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.66	\$0.00	\$17.58	\$20.88		\$43.94	\$0.40	\$24.65	\$1.79	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.23	\$87.66	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.23	\$87.66	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4114									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.30	\$123.72	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.71	\$3.71									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.21	\$5.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.51	\$129.20	\$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	\$161.56										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: Cottages at Rockmart Prvdr ID: 00140544A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 23.7% Nurse Hours per On-Site Day/Quality Incentive: 4.67		Facility Score N/A 23.7% 4.67	Add-on Percent 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3786 Quarterly Medicaid CMI: 1.3876 Qtrly Mcaid CMI w RUG Wght Options: 1.4151			Facility Specific 1.3786 1.3876 1.4151	State-wide 1.5751 1.5195 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	\$104.63		\$26.82	\$33.28		\$36.91		\$42.38	\$3.67	
<u>Allowed @ 95% of Std</u>				\$99.40		\$25.48	\$31.62		\$35.06		\$42.38	\$3.67	
Growth Allowance 0.0%				\$0.00		\$0.00	\$0.00		\$0.00				
CMA Allowed Per Diem (After Growth Allowance)				\$99.40		\$25.48	\$31.62		\$35.06	\$ 7.56	\$42.38	\$3.67	
Quarterly Facility Case Mix Index for Medicaid Residents				1.4151							(FRV Rate)		
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$140.66									
Quarterly Medicaid CMA Allowed Per Diem				\$283.06	\$140.66	\$25.48	\$31.62		\$35.06	\$ 4.19	\$42.38	\$3.67	
Quarterly Per Diem Add-On Amounts													
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)				\$1.41	\$1.41								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$4.22	\$4.22								
Nursing Home Provider Fee				\$17.10					17.10				
Total Quarterly Per Diem Add-On Amounts				\$22.73									
Quarterly Case Mix Based Per Diem Rate				\$305.79	\$146.29		\$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%			\$216.52										

PDPM Shadow Rate. This is not your rate.

* 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.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CALHOUN HEALTH CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140577A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6204	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			41.77%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.41	3.0%	Quarterly Medicaid:			1.5072	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6204									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.63									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.63	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	\$20.89	\$2.92	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.03	\$52.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.03	\$52.63	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5072									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.73	\$79.32	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$193.72	\$84.21	\$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	\$132.47										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CAMELLIA HEALTH & REHABILITATION Prvdr ID: 00140588A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.78% Nurse Hrs per On-Site Day/Q 3.14	<u>Facility Score</u> 0.00% 2.5% 5.0%	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4342 Quarterly Medicaid: 1.3508	<u>PDPM Facility</u> 1.4342 1.3508	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$3,668,198	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4342								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.67								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.67	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	\$11.59	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.83	\$81.67	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.83	\$81.67	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3508								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.48	\$110.32	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.52	\$5.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.69	\$8.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.17	\$119.13	\$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	\$168.05									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FORT GAINES HEALTH AND REHAB				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide		
Prvdr ID: 00140599A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance: N/A			0.00%		Base Period Overall:			1.4005		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score: 42.86%			2.5%											
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.53		4.0%		Quarterly Medicaid:			1.5183		1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g	g	h	i						
<u>PDPM BASED RATE CALCULATIONS</u>																		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.4005</u>														
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.08														
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.08	\$0.00	\$21.48	\$24.75		\$80.39	\$1.30	\$18.52	\$3.14						
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A							
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.52	\$65.08	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.52	\$65.08	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14						
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.5183</u>														
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.81														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.25	\$98.81	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00							
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47														
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.95	\$3.95														
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	\$24.68	\$6.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00						
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$234.93	\$105.76	\$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	\$163.37															

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HARBORVIEW HEALTH SYSTEMS THOMASTON				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140621A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3408	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			26.98%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.55	3.0%	Quarterly Medicaid:			1.5108	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,717,130	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3408									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.64									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.64	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	\$26.02	\$2.86	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.98	\$64.64	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.98	\$64.64	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5108									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.99	\$97.66	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.54	\$4.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$195.53	\$102.10	\$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	\$133.82										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.
For informational use only.

Provider: BRIAN CENTER HEALTH & REHABILITATION CANTON				Add-on Data and Percentage		Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140643A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.4804	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:		24.29%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q		3.30	3.0%	Quarterly Medicaid:			1.3673	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	\$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	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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4804								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.38								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.38	\$0.00	\$15.86	\$19.25		\$43.53	\$3.57	\$26.96	\$2.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.10	\$95.38	\$0.00	\$15.86	\$19.25		\$36.91	\$3.57	14.10 (FRV)	\$2.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.10	\$95.38	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3673								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.14	\$130.41	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91								
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	\$23.47	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.61	\$136.15	\$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	\$171.38									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HEALTHCARE AT COLLEGE PARK, LLC Prvdr ID: 00140654A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.16% Nurse Hrs per On-Site Day/Q 3.08	<u>Facility Score</u> 0.00% 2.5% 2.0%	<u>Add-on Percent</u> 0.00% 2.5% 2.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3209 Quarterly Medicaid: 1.2911	<u>PDPM Facility</u> 1.3209 1.2911	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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		27,762								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,762										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3209								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	\$24.24	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.89	\$56.11	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.89	\$56.11	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2911								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.22	\$72.44	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.81	\$1.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.45	\$1.45								
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	\$21.89	\$3.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$168.11	\$76.23	\$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	\$113.26									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LIFE CARE CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide				
Prvdr ID: 00140665A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:			N/A		0.00%		Base Period Overall:			1.1891		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.57%			2.5%										
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.48			4.0%		Quarterly Medicaid:			1.2399		1.4021			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance								
			a	b	c	d	e	f	g	g	h	i								
<u>PDPM BASED RATE CALCULATIONS</u>																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstrmts	(\$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 As Filed Days = 35,590	FY21 Audited C/R Days	35,590																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,590	FY21 GL-PL Ins Rpt Days								35,590										
9	Net Per Diems prior to Model Adjstrmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.1891</u>																
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.40																
12	Net Per Diems after Model Adjstrmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.40	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	\$16.34	\$2.15								
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.73	\$85.40	\$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	\$160.73	\$85.40	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15								
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<u>1.2399</u>																
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.89																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.21	\$105.89	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.24	\$4.24																
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	\$25.52	\$7.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$206.73	\$113.31	\$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	\$142.22																	

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PRUITTHEALTH - EASTSIDE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140687A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2748	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			42.86%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.29	4.0%	Quarterly Medicaid:			1.4619	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,036,126	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2748									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.16									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.16	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	\$6.47	\$1.81	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.68	\$95.16	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.68	\$95.16	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4619									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.63	\$139.11	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.48	\$3.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.56	\$5.56									
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	\$27.67	\$9.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$265.30	\$148.68	\$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	\$186.15										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ROME HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140753A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3889	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			26.23%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.14	3.0%	Quarterly Medicaid:			1.4256	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	\$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 Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$297.33	\$137.17	\$0.00	\$19.81	\$19.65	(with L&H)	\$51.97	\$0.16	\$67.75	\$0.82	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3889									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.76									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.76	\$0.00	\$19.81	\$19.65		\$51.97	\$0.16	\$67.75	\$0.82	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.95	\$98.76	\$0.00	\$19.81	\$19.65		\$36.91	\$0.16	13.84 (FRV)	\$0.82	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.95	\$98.76	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4256									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.79									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.98	\$140.79	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$255.87	\$146.95	\$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	\$179.08										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - CRESTWOOD, LLC				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140764A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3156	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			48.94%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.05	5.0%	Quarterly Medicaid:			1.3534	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	21,669										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,669								21,669			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3156									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.69									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.69	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	\$12.15	\$1.38	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.95	\$85.69	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.95	\$85.69	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3534									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.23	\$115.97	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.38	\$6.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$30.81	\$12.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.04	\$128.68	\$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	\$174.71										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: GATEWAY HEALTH AND REHAB				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140786A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3911	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.24%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.78		3.0%		Quarterly Medicaid:			1.2630	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,816,748	\$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 Adjstmtns	(\$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													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,216								15,216					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3911											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.88											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.88	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	\$15.96	\$0.75			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.79	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.79	\$104.63	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2630											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.15											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.30	\$132.15	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.38	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.68	\$137.43	\$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	\$176.69												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.
For informational use only.

Provider: DAWSON HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140808A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3011	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.49%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.52	4.0%	Quarterly Medicaid:			1.3943	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base 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 Adjstmtns	(\$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 Model Adjstmnt 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 Model for All Residents	from 2 qtrs of FY21		1.3011									
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.83									
12	Net Per Diems after Model Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.83	\$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		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.97	\$87.83	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.97	\$87.83	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3943									
18	Qtrtly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.60	\$122.46	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90									
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	\$24.75	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.35	\$129.11	\$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	\$173.44										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CARROLLTON MANOR, INCORPORATED				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140852A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3559	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			30.26%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.49	3.0%	Quarterly Medicaid:			1.4324	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3559									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.91									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.91	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	\$6.04	\$2.06	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.70	\$76.91	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.70	\$76.91	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4324									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.96	\$110.17	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.68	\$6.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.64	\$116.75	\$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	\$151.16										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: EARLY MEMORIAL NURSING FACILITY				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140874A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2253	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.78%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.93	3.0%	Quarterly Medicaid:			1.3507	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.2253									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.43									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.43	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	\$7.79	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.73	\$88.43	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.73	\$88.43	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$0.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3507									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.75	\$119.44	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$5.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.74	\$124.74	\$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	\$142.98										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: EASTVIEW NURSING CENTER Prvdr ID: 00140885A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.00% Nurse Hrs per On-Site Day/Q 3.23	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4283 Quarterly Medicaid: 1.4144	<u>PDPM Facility</u> 1.4283 1.4144	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$3,436,068	\$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	18,919									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,919								18,919		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4283								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.83								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.83	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	\$1.98	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.11	\$60.83	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.11	\$60.83	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4144								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.32	\$86.04	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.07	\$3.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.39	\$90.01	\$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	\$142.72									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: EFFINGHAM CARE & REHABILITATION CENTER				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140907A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2956	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			33.82%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.29	7.0%	Quarterly Medicaid:			1.2995	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2956									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.29									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$111.29	\$0.00	\$32.83	\$32.24		\$124.68	\$0.00	\$17.59	\$0.95	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.44	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.44	\$104.63	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2995									
18	Qtrly Routine Svcs Model 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	\$250.78	\$135.97	\$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 ([Std - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.40	\$3.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$9.52	\$9.52									
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	\$30.65	\$12.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$281.43	\$148.89	\$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	\$198.25										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.
For informational use only.

Provider: SOUTHERN PINES				Add-on Data and Percentage				Facility Score		Add-on Percent		Facility Model (PDPM) Data				PDPM Facility		PDPM Statewide	
Prvdr ID: 00140918A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A		0.00%		Base Period Overall:				1.5520		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				20.51%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.33		3.0%		Quarterly Medicaid:				1.3979		1.4021	
Line #	Description			Sources / Calculations		Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance				
						a	b	c	d	e	f	g	g	h	i				
<u>PDPM BASED RATE CALCULATIONS</u>																			
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		\$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 Adjstmtns		(\$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 Model Adjstmnt 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 Model for All Residents			from 2 qtrs of FY21			1.5520												
11	Routine Srvc Model Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10			\$78.16												
12	Net Per Diems after Model Adjstmnt to Routine Srvc			RS = Ln 11, AllOthr = Ln 9			\$78.16	\$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			\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A					
14	Base Period Model Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13		\$217.69	\$78.16	\$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 = 0.00%			Ln 14 x Grwth Allwnc %		\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15		\$217.69	\$78.16	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70				
17	Quarterly Facility Model for Medicaid Residents			per Current Qtr End			1.3979												
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17			\$109.26												
19	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16		\$248.79	\$109.26	\$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 ([Std - Alwd] x .75, up to max, or 0)			(see Policy Manual)		\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00					
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)			Ln 19 Col b x CPS Add-on		\$1.09	\$1.09												
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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		\$22.22	\$4.90	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00				
25	Quarterly Model Based Per Diem Rate			Ln 19 + Ln 24		\$271.01	\$114.16	\$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		\$190.43													

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: EMANUEL COUNTY NURSING HOME				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140929A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4172	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			18.42%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.21	3.0%	Quarterly Medicaid:			1.3921	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4172									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.28									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.28	\$0.00	\$43.32	\$39.28		\$60.56	\$0.51	\$6.49	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.15	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.15	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3921									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.18	\$145.66	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.37	\$4.37									
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	\$21.47	\$4.37	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$291.65	\$150.03	\$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	\$205.91										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - BLUE RIDGE				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140973A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3733	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.69%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.57		5.0%		Quarterly Medicaid:			1.3784	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 22,881	FY21 Audited C/R Days	22,881												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,881	FY21 GL-PL Ins Rpt Days								22,881					
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3733											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.58											
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.58	\$0.00	\$17.95	\$36.25		\$34.16	\$19.18	\$8.39	\$1.42			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.29	\$96.58	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.29	\$96.58	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3784											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.13											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.84	\$133.13	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.33	\$3.33											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$28.21	\$10.52	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$277.05	\$143.65	\$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	\$194.96												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: FIFTH AVENUE HEALTH CARE				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00140984A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2949	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.41%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.05	3.0%	Quarterly Medicaid:			1.2745	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,044,298	\$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 Adjstrmts	(\$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 As Filed Days = 24,771	FY21 Audited C/R Days	24,771										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,771	FY21 GL-PL Ins Rpt Days								24,771			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2949									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.54									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.54	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	\$21.80	\$0.64	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.40	\$100.54	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.40	\$100.54	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2745									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.00	\$128.14	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.84	\$3.84									
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	\$23.75	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$256.75	\$133.79	\$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	\$179.74										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - FITZGERALD				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide	
Prvdr ID: 00140995A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:	N/A	0.00%	Base Period Overall:			1.4242	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			16.67%	0.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.84	5.0%	Quarterly Medicaid:			1.3433	1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4242										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.39										
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.39	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	\$8.16	\$1.11		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.77	\$76.39	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.77	\$76.39	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3433										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.61										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.99	\$102.61	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.13	\$5.13										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$5.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$234.75	\$108.27	\$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	\$163.24											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FOLKSTON PARK CARE AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141006A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2675	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			35.71%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.49	1.0%	Quarterly Medicaid:			1.2834	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	27,366										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,366								27,366			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2675									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.73									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.73	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	\$13.02	\$0.94	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.91	\$83.73	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.91	\$83.73	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2834									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.64	\$107.46	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.07	\$1.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$196.03	\$111.75	\$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	\$134.20										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - FORSYTH				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141017A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3869	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.83%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.78	5.0%	Quarterly Medicaid:			1.5502	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3869									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.44									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.44	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	\$9.33	\$1.09	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.31	\$90.44	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.31	\$90.44	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5502									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.07	\$140.20	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.01	\$7.01									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.04	\$8.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$276.11	\$149.14	\$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	\$194.26										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FORT VALLEY HEALTH AND REHAB				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141028A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5163	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			14.29%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.22	3.0%	Quarterly Medicaid:			1.3640	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	18,587										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,587								18,587			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5163									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.12									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.12	\$0.00	\$17.90	\$19.39		\$56.03	\$1.95	\$33.01	\$2.41	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.55	\$60.12	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.55	\$60.12	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3640									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.43	\$82.00	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46									
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	\$20.72	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$191.15	\$84.99	\$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	\$130.54										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PRUITTHEALTH - FRANKLIN				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141039A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2461	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			16.98%		0.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.26		5.0%		Quarterly Medicaid:			1.3313	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 22,332	FY21 Audited C/R Days	22,332												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,332	FY21 GL-PL Ins Rpt Days								22,332					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2461											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	\$11.24	\$0.77			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.62	\$87.47	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	11.13 (FRV)	\$0.77			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.62	\$87.47	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3313											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.45											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.60	\$116.45	\$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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$24.45	\$6.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.05	\$122.80	\$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	\$163.46												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: NEW HORIZONS LANIER PARK				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide				
Prvdr ID: 00141072A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:			N/A		0.00%		Base Period Overall:			1.9212		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			17.78%			0.0%										
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.28			3.0%		Quarterly Medicaid:			1.5043		1.4021			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance								
			a	b	c	d	e	f	g	g	h	i								
<u>PDPM BASED RATE CALCULATIONS</u>																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 As Filed Days = 36,236	FY21 Audited C/R Days	36,236																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,236	FY21 GL-PL Ins Rpt Days								36,236										
9	Net Per Diems prior to Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.9212																
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.91																
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.91	\$0.00	\$44.69	\$51.22		\$54.23	\$2.21	\$40.87	\$0.71								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.37	\$80.91	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.37	\$80.91	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71								
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5043																
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.71																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.17	\$121.71	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00									
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.28	\$4.18	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.45	\$125.89	\$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	\$193.01																	

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: DOUGLASVILLE NURSING AND REHABILITATION CENTER Prvdr ID: 00141083A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 44.20% Nurse Hrs per On-Site Day/Q 3.84			<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5641 Quarterly Medicaid: 1.5951			<u>Facility</u> Score Add-on Percent 0.00% 2.5% 2.0%	<u>PDPM</u> <u>Facility</u> 1.5641 1.5951	<u>PDPM</u> <u>Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	70,776									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								70,776		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.95	\$133.46	\$0.00	\$17.26	\$18.18	(with L&H)	\$27.05	\$2.29	\$8.87	\$1.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5641								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.32								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.32	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	\$8.87	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.64	\$85.32	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	13.70 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.64	\$85.32	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5951								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.42	\$136.09	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.40	\$3.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.75	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.17	\$142.74	\$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	\$168.05									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: GIBSON HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141116A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4855	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			33.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.92	5.0%	Quarterly Medicaid:			1.2728	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4855									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.27									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.27	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	\$17.35	\$1.59	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.43	\$77.27	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.43	\$77.27	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2728									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.50	\$98.35	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.01	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.51	\$106.26	\$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	\$149.56										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141127A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.8631	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			19.35%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.19	5.0%	Quarterly Medicaid:			1.7010	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,438,715	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.8631									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.82									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.82	\$0.00	\$17.71	\$21.69		\$47.44	\$2.47	\$2.12	\$2.90	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.42	\$56.82	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$56.82	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7010									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.25	\$96.65	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.83	\$4.83									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.34	\$102.01	\$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	\$153.18										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: COMFORT CREEK NURSING AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141138A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2145	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.40%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.65	3.0%	Quarterly Medicaid:			1.3074	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 29,778	FY21 Audited C/R Days	29,778										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,778	FY21 GL-PL Ins Rpt Days								29,778			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2145									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.02									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.02	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	\$24.28	\$0.75	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.68	\$74.02	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.68	\$74.02	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3074									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.44	\$96.77	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$182.94	\$101.17	\$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	\$124.38										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: GLENN-MOR NURSING HOME				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141149A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3383	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			19.67%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.26	3.0%	Quarterly Medicaid:			1.3282	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								19,782			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3383									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.48									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.48	\$0.00	\$29.86	\$41.73		\$60.79	\$1.46	\$31.32	\$0.38	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.71	\$100.48	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.71	\$100.48	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3282									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.69	\$133.46	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.85	\$4.53	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$267.54	\$137.99	\$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	\$187.83										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: GLENVUE HEALTH AND REHAB				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141171A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3458	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.45%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.73	2.0%	Quarterly Medicaid:			1.3560	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstrmts	(\$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 Model Adjstrmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3458									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.17									
12	Net Per Diems after Model Adjstrmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.17	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	\$36.34	\$2.26	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.45	\$78.17	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.45	\$78.17	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3560									
18	Qtrly Routine Srvcs Model 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	\$191.28	\$106.00	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$21.81	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$213.09	\$109.71	\$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	\$146.99										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: GRACEMORE NURSING AND REHAB				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141182A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3752	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			51.52%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.69	5.0%	Quarterly Medicaid:			1.4876	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,201,032	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3752									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.89									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$113.89	\$0.00	\$34.10	\$35.68		\$40.09	\$4.43	\$3.60	\$2.01	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.40	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.40	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4876									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.42	\$155.65	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.56	\$8.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.78	\$7.78									
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	\$33.44	\$16.34	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$300.86	\$171.99	\$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	\$212.82										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PRUITTHEALTH - GRANDVIEW				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141215A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4721	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			11.32%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.90	5.0%	Quarterly Medicaid:			1.4508	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 20,768	FY21 Audited C/R Days	20,768										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,768	FY21 GL-PL Ins Rpt Days								20,768			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4721									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.71									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.71	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	\$10.76	\$4.51	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.91	\$95.71	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.91	\$95.71	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4508									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.06	\$138.86	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.94	\$6.94									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.57	\$7.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$275.63	\$146.33	\$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	\$193.90										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: GRANDVIEW HEALTH CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141226A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.7526	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			17.31%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.20	2.0%	Quarterly Medicaid:			1.4808	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$146,880)	(\$46,341)	\$0	\$0	\$0	\$0	(\$47,870)		(\$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										\$52,669	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,521,942	\$2,031,654	\$0	\$426,984	\$306,371	\$0	\$810,000	\$94,211	\$800,053	\$52,669	
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 Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$233.95	\$105.11	\$0.00	\$22.09	\$15.85	(with L&H)	\$41.91	\$4.87	\$41.39	\$2.73	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.7526									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.97									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.97	\$0.00	\$22.09	\$15.85		\$41.91	\$4.87	\$41.39	\$2.73	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.44	\$59.97	\$0.00	\$22.09	\$15.85		\$36.91	\$4.87	12.02 (FRV)	\$2.73	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.44	\$59.97	\$0.00	\$22.09	\$15.85	\$0.00	\$36.91	\$4.87	\$12.02	\$2.73	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4808									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.80									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.28	\$88.80	\$0.00	\$22.09	\$15.85	\$0.00	\$36.91	\$4.87	\$12.02	\$2.73	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.78	\$1.78									
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	\$20.04	\$2.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.32	\$91.11	\$0.00	\$22.31	\$16.26	\$0.00	\$54.01	\$4.87	\$12.02	\$2.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.67										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: AZALEALAND NURSING HOME				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141237A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5445	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			69.44%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.43	2.0%	Quarterly Medicaid:			1.5036	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 As Filed Days = 24,829	FY21 Audited C/R Days	24,829										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,829	FY21 GL-PL Ins Rpt Days								24,829			
9	Net Per Diems prior to Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.5445									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.23									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.23	\$0.00	\$34.26	\$21.81		\$42.33	\$4.21	\$30.26	\$3.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.52	\$88.23	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.52	\$88.23	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5036									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.95	\$132.66	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.30	\$7.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.99	\$10.48	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.94	\$143.14	\$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	\$191.13										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ROSWELL NURSING & REHAB CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141248A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4937	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			35.26%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.20	3.0%	Quarterly Medicaid:			1.4024	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 65,953	FY21 Audited C/R Days	65,953										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,953	FY21 GL-PL Ins Rpt Days								65,953			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.4937</u>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.67									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.67	\$0.00	\$19.26	\$18.81		\$38.78	\$0.42	\$32.53	\$2.97	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.26	\$86.67	\$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	\$175.26	\$86.67	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<u>1.4024</u>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.13	\$121.55	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.95	\$7.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.08	\$128.77	\$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	\$163.49										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PREMIER ESTATES OF DUBLIN, LLC				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141281A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.7178	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			15.79%		0.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			no data		0.0%		Quarterly Medicaid:			1.2877	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
PDPM BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,234,389	\$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 Adjstmtns	(\$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 As Filed Days = 28,950	FY21 Audited C/R Days	28,950												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,950	FY21 GL-PL Ins Rpt Days								28,950					
9	Net Per Diems prior to Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.7178											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.63											
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.63	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	\$38.35	\$0.93			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.81	\$57.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.81	\$57.63	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2877											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.21											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.39	\$74.21	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$178.02	\$74.74	\$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	\$120.69												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: HABERSHAM HOME				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141292A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3241	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			41.51%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.22		3.0%		Quarterly Medicaid:			1.2528	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 As Filed Days = 22,956	FY21 Audited C/R Days	22,951												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,956	FY21 GL-PL Ins Rpt Days								22,951					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3241											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.12											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.12	\$0.00	\$46.49	\$36.69		\$46.98	\$2.58	\$21.81	\$0.53			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.64	\$96.12	\$0.00	\$37.13	\$33.28		\$36.91	\$2.58	10.09 (FRV)	\$0.53			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.64	\$96.12	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2528											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.42											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.94	\$120.42	\$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 ([Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.25	\$7.15	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$265.19	\$127.57	\$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	\$186.07												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: WARNER ROBINS REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141303A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3939	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			41.30%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.42	4.0%	Quarterly Medicaid:			1.4115	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,336,438	\$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 Adjstmtns	(\$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 As Filed Days = 35,381	FY21 Audited C/R Days	35,381										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,381	FY21 GL-PL Ins Rpt Days								35,381			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3939									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.56									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.56	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	\$18.00	\$3.06	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.02	\$63.56	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.02	\$63.56	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4115									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.17	\$89.71	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59									
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	\$24.46	\$6.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$199.63	\$96.07	\$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	\$136.90										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HARALSON NSG & REHAB CENTER				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141325A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3602	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.11%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.09	3.0%	Quarterly Medicaid:			1.4053	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3602									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.04									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.04	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	\$26.66	\$0.83	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.17	\$73.04	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$73.04	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$0.83	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4053									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.78	\$102.64	\$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 ([Std - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.47	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.25	\$107.28	\$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	\$142.61										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: NANCY HART CENTER FOR NURSING AND HEALING LLC				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141336A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4269	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			21.74%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.10	1.0%	Quarterly Medicaid:			1.3480	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	15,358										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,358	FY21 GL-PL Ins Rpt Days								15,358			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4269									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.38									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.38	\$0.00	\$19.72	\$17.27		\$46.23	\$4.03	\$9.90	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.29	\$63.38	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.29	\$63.38	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3480									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.35	\$85.44	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.85	\$0.85									
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	\$19.96	\$2.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$193.31	\$87.67	\$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	\$132.16										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HEART OF GEORGIA NURSING HOME Prvdr ID: 00141358A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.79% Nurse Hrs per On-Site Day/Q: 3.58	<u>Facility Score</u> 0.00% 2.5% 6.0%	<u>Add-on Percent</u> 0.00% 2.5% 6.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.8650 Quarterly Medicaid: 1.5969	<u>PDPM Facility</u> 1.8650 1.5969	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								28,916		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$246.86	\$113.90	\$0.00	\$18.96	\$15.23	(with L&H)	\$29.00	\$2.30	\$66.01	\$1.46
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.8650								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.07	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	\$66.01	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.16	\$61.07	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	13.14 (FRV)	\$1.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.16	\$61.07	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5969								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.62	\$97.52	\$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 =	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$5.85	\$5.85								
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	\$26.92	\$8.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$204.54	\$106.34	\$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	\$140.58									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - VALDOSTA, LLC Prvdr ID: 00141369A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				<u>Add-on Data and Percentag</u> Growth Allowance: N/A 0.00% Qtrly BIMS score: 24.24% 1.0% Nurse Hrs per On-Site Day/Q 3.78 5.0%			<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5291 1.4210 Quarterly Medicaid: 1.6406 1.4021				<u>PDPM</u> <u>Facility</u>	<u>PDPM</u> <u>Statewide</u>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5291								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.34								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.34	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	\$12.83	\$1.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.26	\$64.34	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.26	\$64.34	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6406								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.47	\$105.56	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$24.97	\$6.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.44	\$112.43	\$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	\$164.51									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PRUITTHEALTH - ATHENS HERITAGE				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141391A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4901	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.59%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.70	4.0%	Quarterly Medicaid:			1.4687	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4901									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.33									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.33	\$0.00	\$18.06	\$33.50		\$37.98	\$15.06	\$15.75	\$0.49	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.18	\$88.33	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.18	\$88.33	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4687									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.58	\$129.73	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.19	\$5.19									
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	\$24.34	\$7.02	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$273.92	\$136.75	\$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	\$192.62										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MAGNOLIA MANOR OF ST SIMONS REHAB & NURSING CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: 00141402A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.8379		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			31.03%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.94		3.0%		Quarterly Medicaid:			1.8817		1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,329,108	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.8379													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.64													
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.64	\$0.00	\$24.91	\$29.71		\$44.87	\$8.39	\$32.78	\$5.67					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.85	\$63.64	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.85	\$63.64	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.8817													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.75													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.96	\$119.75	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59													
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	\$24.84	\$7.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.80	\$126.86	\$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	\$182.78														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: HARTWELL HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141413A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4315	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			33.90%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.91	6.0%	Quarterly Medicaid:			1.3737	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4315									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.27									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.27	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	\$8.65	\$0.58	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.17	\$82.27	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.17	\$82.27	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3737									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.91	\$113.01	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.78	\$6.78									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.24	\$10.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.15	\$123.15	\$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	\$165.79										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - MONROE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141468A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3293	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			33.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.27	4.0%	Quarterly Medicaid:			1.3907	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3293									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.27									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$103.27	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	\$10.26	\$1.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.02	\$103.27	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.02	\$103.27	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3907									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.37	\$143.62	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.59	\$3.59									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.74	\$5.74									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.96	\$9.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$278.33	\$153.48	\$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	\$195.92										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - HOLLY HILL, LLC				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141479A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4501	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			18.92%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.45	5.0%	Quarterly Medicaid:			1.5223	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4501									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.48									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.48	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	\$12.85	\$1.13	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.97	\$81.48	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$81.48	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5223									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.53	\$124.04	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$24.83	\$6.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.36	\$130.77	\$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	\$171.20										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WYNFIELD PARK HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141512A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4146	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			28.95%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.29	5.0%	Quarterly Medicaid:			1.3474	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4146									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.68									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.68	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	\$17.35	\$0.66	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.84	\$82.68	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.84	\$82.68	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3474									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.56	\$111.40	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.57	\$5.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.31	\$7.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.87	\$118.61	\$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	\$173.83										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MACON REHABILITATION AND HEALTHCARE				Add-on Data and Percentag			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: 00141523A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance: N/A		0.00%		Base Period Overall:			1.5519		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score: 27.14%			1.0%										
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q 3.56			2.0%		Quarterly Medicaid:			1.5381		1.4021			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,317,489	\$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 Adjstrmts	(\$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 As Filed Days = 24,746	FY21 Audited C/R Days	24,746														
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,746	FY21 GL-PL Ins Rpt Days								24,746							
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5519													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12													
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	\$42.26	\$3.00					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.22	\$76.12	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.22	\$76.12	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5381													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.08													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.18	\$117.08	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00						
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34													
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	\$22.14	\$4.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.32	\$121.12	\$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	\$171.17														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FRIENDSHIP HEALTH AND REHAB				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141567A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3621	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			50.00%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.62		3.0%		Quarterly Medicaid:			1.3878	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3621											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.40											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$110.40	\$0.00	\$27.14	\$33.27		\$33.24	\$7.41	\$19.26	\$0.80			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.89	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.89	\$104.63	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3878											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.21											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.46	\$145.21	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.38	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.99	\$7.99											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.36	\$4.36											
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	\$29.83	\$12.35	\$0.00	\$0.00	\$0.01	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$285.29	\$157.56	\$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	\$201.14												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MIONA GERIATRIC & DEMENTIA CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141578A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3930	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			53.33%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.46	3.0%	Quarterly Medicaid:			1.3252	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
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	\$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 Adjstmtns	(\$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	28,845										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,845								28,845			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3930									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.88									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.88	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	\$2.84	\$1.32	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$74.88	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$74.88	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3252									
18	Qtrly Routine Svcs Model 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	\$180.11	\$99.23	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.46	\$5.46									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$27.07	\$8.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.18	\$108.20	\$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	\$142.56										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE PLACE AT DEANS BRIDGE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141589A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3221	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			50.77%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.60	3.0%	Quarterly Medicaid:			1.2675	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3221									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.35									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.35	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	\$10.36	\$2.70	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.62	\$90.35	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.62	\$90.35	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2675									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.79	\$114.52	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.30	\$6.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$28.37	\$10.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$239.16	\$124.79	\$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	\$166.55										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: HARBORVIEW HEALTH SYSTEMS JESUP				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141611A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3049	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			15.00%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.22	3.0%	Quarterly Medicaid:			1.4372	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$150,408)	\$0	\$0	(\$5,310)	\$0	\$5,048	(\$100,136)		(\$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	\$5,205,318	\$2,468,051	\$0	\$448,734	\$460,136	\$5,048	\$909,418	\$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 Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.48	\$83.20	\$0.00	\$15.13	\$15.68	(with L&H)	\$30.66	\$3.38	\$25.74	\$1.69	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3049									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.76									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.76	\$0.00	\$15.13	\$15.68		\$30.66	\$3.38	\$25.74	\$1.69	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.83	\$63.76	\$0.00	\$15.13	\$15.68		\$30.66	\$3.38	8.53 (FRV)	\$1.69	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.83	\$63.76	\$0.00	\$15.13	\$15.68	\$0.00	\$30.66	\$3.38	\$8.53	\$1.69	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4372									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.70	\$91.64	\$0.00	\$15.13	\$15.68	\$0.00	\$30.66	\$3.38	\$8.53	\$1.69	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.38	\$3.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$188.08	\$94.92	\$0.00	\$15.35	\$16.09	\$0.00	\$48.13	\$3.38	\$8.53	\$1.69	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.24										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

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:			1.6108	1.5751		
H/B ? : No				Case Mix Per Diem Rate Effective Date: 10/01/23		BIMS	1.0%	Quarterly Medicaid CMI:			1.2510	1.5195		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.67	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2752	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														
FY2020 C/R - FY 2020 GL-PL Rpt														
2,532,516														
Inflation (July 2021) @ 4.30%														
108,898														
Patient Days														
FY 2020 Cost Rpt														
25,878														
Total Nursing Facility Days GL-PL Ins. Rpt														
FY 20 GL-PL Ins Rpt Days														
25,878														
Inflated NHC/ Patient Days														
102.07														
Base Period Facility CMI for all Residents														
1.6108														
Routine Services Case Mix Adjusted Net Per Diem														
\$63.37														
Net Per Diems After Case Mix Adjustments														
\$146.35														
Per Diem Standards														
\$104.63														
Base Period Case Mix Adjusted Allowed Per Diem														
\$161.63														
Quarterly Per Diem Rate Prior to Add-Ons														
Growth Allowance 0.00%														
\$0.00														
CMA Allowed Per Diem After Growth Allowance														
\$161.62														
Quarterly Facility Case Mix Index for Medicaid Residents														
1.2752														
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem														
\$80.81														
Quarterly Medicaid CMA Allowed Per Diem														
\$179.06														
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
\$1.53														
BIMS Add-on Per Diem = 1.0% (to Routine Srvs)														
\$0.81														
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%														
\$4.04														
Nursing Home Provider Fee														
\$ 17.10														
Total Quarterly Per Diem Add-On Amounts														
\$23.48														
Quarterly Case Mix Based Per Diem Rate					\$202.54	\$86.19		\$30.91	\$21.55		\$41.86	\$0.75	\$20.98	\$0.31
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%					\$139.08									

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SCOTT HEALTH & REHABILITATION Prvdr ID: 00141644A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 46.15% Nurse Hrs per On-Site Day/Q: 3.15	<u>Facility Score</u> 0.00% 5.5% 6.0%	<u>Add-on Percent</u> 0.00% 5.5% 6.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3260 Quarterly Medicaid: 1.2869	<u>PDPM Facility</u> 1.3260 1.2869	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$3,349,319	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	16,167									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								16,167		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3260								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.10								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.10	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	\$6.08	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.17	\$92.10	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.17	\$92.10	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2869								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.60	\$118.52	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.52	\$6.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.11	\$7.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.26	\$14.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.86	\$132.68	\$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	\$167.82									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: KEYSVILLE NURSING HOME & REHAB				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141655A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5691	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			47.92%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.99	3.0%	Quarterly Medicaid:			1.4283	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	17,969										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,969								17,969			
9	Net Per Diems prior to Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5691									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$27.72	\$29.56		\$20.25	\$3.89	\$17.77	\$1.91	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.65	\$79.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.65	\$79.03	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4283									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.50	\$112.88	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.21	\$6.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$28.01	\$10.13	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.51	\$123.01	\$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	\$164.56										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: COUNTRYSIDE HEALTH CENTER				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141666A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.2796	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				20.83%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.09	2.0%	Quarterly Medicaid:				1.2846	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,506,125	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2796											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.35											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.35	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	\$13.72	\$0.89			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.82	\$78.35	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.82	\$78.35	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2846											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.65											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.12	\$100.65	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01											
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	\$21.65	\$3.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$198.77	\$104.20	\$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	\$136.25												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LAKE CITY NURSING AND REHABILITATION CENTER LLC				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141699A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2891	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			30.20%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.66	3.0%	Quarterly Medicaid:			1.3185	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$450,330)	\$0	\$0	(\$4,779)	(\$5,367)	\$1,640	(\$343,189)		(\$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	\$11,676,912	\$6,792,481	\$0	\$1,174,927	\$1,241,842	\$1,640	\$1,385,920	\$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 Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.71	\$102.21	\$0.00	\$17.68	\$18.71	(with L&H)	\$20.86	\$2.46	\$12.31	\$1.48	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2891									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.29									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.29	\$0.00	\$17.68	\$18.71		\$20.86	\$2.46	\$12.31	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.88	\$79.29	\$0.00	\$17.68	\$18.71		\$20.86	\$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	\$149.88	\$79.29	\$0.00	\$17.68	\$18.71	\$0.00	\$20.86	\$2.46	\$9.40	\$1.48	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3185									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.14	\$104.54	\$0.00	\$17.68	\$18.71	\$0.00	\$20.86	\$2.46	\$9.40	\$1.48	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.38	\$6.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$199.52	\$110.82	\$0.00	\$17.90	\$19.12	\$0.00	\$38.33	\$2.46	\$9.40	\$1.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.82										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - LAKEHAVEN, LLC				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141721A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5651	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.24%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.77	6.0%	Quarterly Medicaid:			1.4979	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups 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 Measure Maximums (see line 20 for actual)	(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		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4		(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5651									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.64									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.64	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	\$16.78	\$1.61	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.27	\$65.64	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.27	\$65.64	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4979									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.95	\$98.32	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	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	\$25.51	\$7.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$228.46	\$105.73	\$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	\$158.52										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SGMC LAKELAND VILLA				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141732A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.3710	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				27.45%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				2.39	2.0%	Quarterly Medicaid:				1.4261	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,564,739	\$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 Adjstmts	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3710											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.32											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$103.32	\$0.00	\$61.42	\$44.31		\$32.37	\$2.03	\$15.42	\$0.70			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.13	\$103.32	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.13	\$103.32	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4261											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.34											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$282.15	\$147.34	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$22.42	\$4.95	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$304.57	\$152.29	\$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	\$215.60												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE OAKS - LIMESTONE				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141743A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3364	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.78%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.13		5.0%		Quarterly Medicaid:			1.2422	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,946,082	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3364											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.62											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.62	\$0.00	\$21.38	\$37.46		\$43.25	\$18.94	\$27.69	\$3.37			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$252.59	\$104.62	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$252.59	\$104.62	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2422											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.96											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.93	\$129.96	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.23	\$0.01	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.25	\$3.25											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.50	\$6.50											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.08	\$9.76	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$305.01	\$139.72	\$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	\$215.93												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: RENAISSANCE CENTER FOR NURSING AND HEALING				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141754A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5135	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.61%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.32	5.0%	Quarterly Medicaid:			1.3583	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.5135									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.80									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.80	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	\$27.90	\$2.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.44	\$68.80	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.44	\$68.80	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3583									
18	Qtrtly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.10	\$93.45	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.67	\$4.67									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.64	\$7.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.74	\$100.99	\$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	\$139.98										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MAGNOLIA MANOR OF MARION COUNTY				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141809A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4617	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			39.66%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.05	5.0%	Quarterly Medicaid:			1.6602	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 19,058	FY21 Audited C/R Days	19,058										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,058	FY21 GL-PL Ins Rpt Days								19,058			
9	Net Per Diems prior to Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4617									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.20									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.20	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	\$16.79	\$1.01	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.42	\$85.20	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.42	\$85.20	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6602									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.66	\$141.45	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.54	\$3.54									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.07	\$7.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.24	\$11.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$283.90	\$152.59	\$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	\$200.10										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: LEGACY TRANSITIONAL CARE & REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141831A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2389	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			30.07%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.65		2.0%		Quarterly Medicaid:			1.2545	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmts	(\$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		57,702											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,702								57,702					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2389											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.04											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.04	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	\$23.85	\$2.45			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.00	\$82.04	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.00	\$82.04	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2545											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.92											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.88	\$102.92	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.26	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.14	\$108.08	\$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	\$142.53												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SADIE G. MAYS HEALTH & REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141842A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4865	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			35.17%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.15	5.0%	Quarterly Medicaid:			1.4211	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4865									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.30									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.30	\$0.00	\$21.76	\$37.65		\$47.01	\$10.94	\$3.41	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.94	\$86.30	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.94	\$86.30	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4211									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.28	\$122.64	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.13	\$6.13									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.95	\$9.73	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$247.23	\$132.37	\$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	\$185.42										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MCRAE MANOR NURSING HOME				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141853A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2861	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			19.23%		0.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.46		5.0%		Quarterly Medicaid:			1.3086	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,342,472	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2861											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.73											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.73	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	\$0.53	\$1.66			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.02	\$87.73	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.02	\$87.73	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3086											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.80											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.09	\$114.80	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.74	\$5.74											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.37	\$6.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.46	\$121.07	\$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	\$168.27												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MEADOWBROOK HEALTH AND REHAB Prvdr ID: 00141864A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 48.78% Nurse Hrs per On-Site Day/Q: 3.33	<u>Facility Score</u> 0.00% 5.5% 3.0%	<u>Add-on Percent</u> 0.00% 5.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4967 Quarterly Medicaid: 1.6399	<u>PDPM Facility</u> 1.4967 1.6399	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	35,771									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,771	FY21 GL-PL Ins Rpt Days								35,771		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4967								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.33								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.33	\$0.00	\$17.47	\$22.08		\$63.70	\$3.30	\$53.06	\$4.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.56	\$54.33	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.56	\$54.33	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6399								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.33	\$89.10	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.90	\$4.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.83	\$8.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.16	\$97.20	\$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	\$147.80									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: Ridgecrest Rehab and Skilled Nursing Center Prvdr ID: 00141886A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 35.7% Nurse Hours per On-Site Day/Quality Incentive: 5.59		Facility Score N/A 35.7%	Add-on Percent 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4491 Quarterly Medicaid CMI: 1.5836 Qtrly Mcaid CMI w RUG Wght Options: 1.6150			Facility Specific 1.4491 1.5836 1.6150	State-wide 1.5751 1.5195 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				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			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs			FY2021 GL-PL Ins. Rpt							\$ 119,604		
Total Nursing Facility Days GL-PL Ins. Rpt			FY2021 GL-PL Ins. Rpt							31,299		
Standard Per Diem (After CMA for Routine Svcs)			FY 2021 Peer Group Limit	\$104.63		\$26.82	\$33.28		\$36.91		\$39.98	\$1.24
Allowed @ 95% of Std				\$232.78	\$99.40	\$25.48	\$31.62		\$35.06		\$39.98	\$1.24
Growth Allowance 0.0%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem (After Growth Allowance)				\$236.60	\$99.40	\$25.48	\$31.62		\$35.06	\$ 3.82	\$39.98	\$1.24
Quarterly Facility Case Mix Index for Medicaid Residents					1.6150						(FRV Rate)	
Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem					\$160.53							
Quarterly Medicaid CMA Allowed Per Diem				\$298.10	\$160.53	\$25.48	\$31.62		\$35.06	\$ 4.19	\$39.98	\$1.24
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$4.01	\$4.01							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$4.82	\$4.82							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$25.93								
	Quarterly Case Mix Based Per Diem Rate		\$324.03	\$169.36		\$25.48	\$31.62		\$52.16	\$4.19	\$39.98	\$1.24
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$230.20										

PDPM Shadow Rate. This is not your rate.

* 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.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PRUITTHEALTH - MACON				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141908A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5225	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			22.79%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.29	5.0%	Quarterly Medicaid:			1.6010	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 58,499	FY21 Audited C/R Days	55,171										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,499	FY21 GL-PL Ins Rpt Days								55,171			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5225									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.64									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.64	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	\$7.57	\$0.58	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.73	\$79.64	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.73	\$79.64	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6010									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.59	\$127.50	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$26.29	\$8.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.88	\$135.69	\$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	\$176.84										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MEMORIAL MANOR NURSING HOME				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141919A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4043	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			33.96%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.76		3.0%		Quarterly Medicaid:			1.3638	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,232,667	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4043											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.07											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.07	\$0.00	\$41.78	\$25.34		\$18.29	\$0.92	\$4.90	\$1.62			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.32	\$75.07	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.32	\$75.07	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3638											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.38											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.63	\$102.38	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$6.16	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$220.67	\$108.54	\$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	\$152.68												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MEDICAL MANAGEMENT HEALTH AND REHAB CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141941A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1603	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.40%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.83	3.0%	Quarterly Medicaid:			1.2521	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.1603									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.54									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.54	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	\$7.66	\$2.34	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.44	\$79.54	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.44	\$79.54	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2521									
18	Qtrtly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.49	\$99.59	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$194.11	\$104.11	\$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	\$132.76										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WARM SPRINGS MEDICAL CENTER NURSING HOME				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00141952A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3077	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			33.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.35	2.0%	Quarterly Medicaid:			1.3021	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
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 Svcs 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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3077									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.01									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.01	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	\$7.81	\$0.31	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.75	\$86.01	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.75	\$86.01	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3021									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.74	\$111.99	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24									
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	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.41	\$117.56	\$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	\$156.23										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: AZALEA HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141963A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3794	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			32.00%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.15		6.0%		Quarterly Medicaid:			1.3274	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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	As Filed Days = 21,621	21,621												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,621								21,621					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3794											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.00											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.00	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	\$9.52	\$2.64			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.42	\$76.00	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.42	\$76.00	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3274											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.88											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.30	\$100.88	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.05	\$6.05											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.20	\$9.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.50	\$109.98	\$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	\$149.55												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: EASTMAN HEALTHCARE & REHAB Prvdr ID: 00141974A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.50% Nurse Hrs per On-Site Day/Q 2.81	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1803 Quarterly Medicaid: 1.1236	<u>PDPM Facility</u> 1.1803 1.1236	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 As Filed Days = 32,650	FY21 Audited C/R Days	32,643									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,650	FY21 GL-PL Ins Rpt Days								32,643		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1803								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.47	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	\$18.61	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.73	\$74.47	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.73	\$74.47	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1236								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.93	\$83.67	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.98	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$171.91	\$87.55	\$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	\$116.11									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: Magnolia Manor of Midway Prvdr ID: 00141985A H/B ? : No			PDPM Shadow Rate For informational use only. This is NOT your rate Case Mix Per Diem Rate Effective Date: 10/01/23 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 32.3% Nurse Hours per On-Site Day/Quality Incentive: 5.01			<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.1860 Quarterly Medicaid CMI: 1.2773 Qtrly Mcaid CMI w RUG Wght Options: 1.3032			Facility Specific: 1.1860 State-wide: 1.5751 1.2773 1.5195 1.3032 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 <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measures (Maximums)</i> 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 Qtrly 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												
		FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit		1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.53	1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.00	2 <i>Freestanding</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.22	1 <i>All Facilities</i> <i>All Bed Sizes</i> 85.0% 100.0% \$0.41	1 <i>All Facilities</i> <i>All Bed Sizes</i> 50.0% 105.0% \$0.37		\$ 114,936 30,676		
			\$211.81	\$104.63		\$26.82	\$33.28		\$36.91		\$15.21	\$5.04
			\$0.00	\$99.40		\$25.48	\$31.62		\$35.06		\$15.21	\$5.04
			\$215.56	\$99.40		\$0.00	\$0.00		\$0.00			
				\$99.40		\$25.48	\$31.62		\$35.06	\$ 3.75	\$15.21	\$5.04
				1.3032							(FRV Rate)	
				\$129.54								
			\$246.14	\$129.54		\$25.48	\$31.62		\$35.06	\$ 4.19	\$15.21	\$5.04
				\$3.24	\$3.24							
				\$3.89	\$3.89							
			\$17.10						17.10			
			\$24.22									
	Quarterly Case Mix Based Per Diem Rate		\$270.36	\$136.66		\$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%	\$189.95										

PDPM Shadow Rate. This is not your rate.

* 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.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MILLER NURSING HOME				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00141996A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			3.1148	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			60.96%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			5.34		3.0%		Quarterly Medicaid:			3.0592	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		3.1148											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.00											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.00	\$0.00	\$38.94	\$36.42		\$117.05	\$3.17	\$41.78	\$1.02			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.41	\$51.00	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.41	\$51.00	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		3.0592											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.02											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$290.42	\$156.02	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.58	\$8.58											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.68	\$4.68											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.89	\$13.79	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$321.31	\$169.81	\$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	\$228.16												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: NEW HORIZONS LIMESTONE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142007A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4928	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			15.63%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.33	2.0%	Quarterly Medicaid:			1.5228	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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	FY21 Audited C/R Days	36,802										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								36,802			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4928									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.22									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$106.22	\$0.00	\$44.21	\$40.53		\$44.59	\$1.72	\$21.88	\$0.16	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.68	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.68	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5228									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$159.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.38	\$159.33	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$20.29	\$3.19	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$300.67	\$162.52	\$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	\$212.68										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MITCHELL CONVALESCENT CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide				
Prvdr ID: 00142018A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3060		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			30.23%			2.5%										
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.16			3.0%		Quarterly Medicaid:			1.3723		1.4021			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance								
			a	b	c	d	e	f	g	g	h	i								
PDPM BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	\$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	15,621																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,621								15,621										
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3060																
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.54																
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$115.54	\$0.00	\$37.57	\$43.94		\$39.60	\$0.95	\$16.24	\$0.37								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.55	\$104.63	\$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	\$225.55	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37								
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3723																
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.58																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.50	\$143.58	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00									
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.59	\$3.59																
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.31	\$4.31																
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	\$25.00	\$7.90	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$289.50	\$151.48	\$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	\$204.30																	

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: MONTEZUMA HEALTH CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142062A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6659	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			53.70%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.84	5.0%	Quarterly Medicaid:			1.3907	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6659									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.49									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.49	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	\$8.66	\$0.54	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.04	\$74.49	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	10.58 (FRV)	\$0.54	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.04	\$74.49	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$0.54	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3907									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.15	\$103.59	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$0.54	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.70	\$5.70									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.18	\$5.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.51	\$11.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$234.66	\$115.00	\$0.00	\$21.07	\$28.09	\$0.00	\$53.80	\$5.57	\$10.58	\$0.54	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.17										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: AVALON HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142084A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3227	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			57.69%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.17		4.0%		Quarterly Medicaid:			1.2960	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 21,679	FY21 Audited C/R Days	21,679												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,679	FY21 GL-PL Ins Rpt Days								21,679					
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3227											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.85											
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$101.85	\$0.00	\$21.09	\$24.13		\$38.45	\$4.32	\$15.85	\$0.43			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.89	\$101.85	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.89	\$101.85	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2960											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.00											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.04	\$132.00	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.26	\$7.26											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$30.80	\$13.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.84	\$145.07	\$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	\$182.81												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.
For informational use only.

Provider: PRUITTHEALTH - MOULTRIE				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142095A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4573	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			31.03%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.10	5.0%	Quarterly Medicaid:			1.4724	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4573									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.88									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.88	\$0.00	\$16.94	\$27.89		\$38.64	\$15.23	\$15.97	\$1.61	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.33	\$77.88	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.33	\$77.88	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4724									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.12	\$114.67	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.73	\$5.73									
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	\$26.86	\$9.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$258.98	\$123.80	\$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	\$181.41										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: RIVER BROOK HEALTHCARE CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142106A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2870	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.25%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.13		2.0%		Quarterly Medicaid:			1.2489	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2870											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.54											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.54	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	\$9.17	\$0.84			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.87	\$64.54	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.87	\$64.54	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2489											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.60											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.94	\$80.60	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.02	\$2.02											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.61	\$1.61											
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	\$22.26	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$162.20	\$84.76	\$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	\$108.83												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ORCHARD VIEW REHABILITATION & SKILLED NURSING CTR				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data		PDPM Facility	PDPM Statewide
Prvdr ID: 00142117A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:		1.4735	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			41.75%		2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			5.29		3.0%		Quarterly Medicaid:		1.4361	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4735										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.75										
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$111.75	\$0.00	\$26.42	\$33.94		\$31.42	\$5.23	\$40.25	\$0.84		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.45	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.45	\$104.63	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4361										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.26										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.07	\$150.26	\$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 ([Stdnd - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.76	\$3.76										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.96	\$8.27	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$310.03	\$158.53	\$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	\$219.70											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SUMMERHILL ELDERLIVING HOME & CARE				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data		PDPM Facility	PDPM Statewide
Prvdr ID: 00142139A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:		1.3194	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			42.55%		2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.92		6.0%		Quarterly Medicaid:		1.3693	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3194										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$116.80										
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$116.80	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	\$5.61	\$1.84		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.65	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.65	\$104.63	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3693										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.27										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.29	\$143.27	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.58	\$3.58										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.60	\$8.60										
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	\$30.28	\$12.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$281.57	\$155.45	\$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	\$198.35											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HERITAGE INN HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142161A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2536	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.53%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.96	5.0%	Quarterly Medicaid:			1.3004	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	As Filed Days = 21,255	21,255										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,255								21,255			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2536									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.87									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.87	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	\$19.41	\$1.71	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.55	\$79.87	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.55	\$79.87	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$1.71	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3004									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.55	\$103.86	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.19	\$5.19									
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	\$24.86	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$212.41	\$110.62	\$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	\$146.48										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: NURSE CARE OF BUCKHEAD				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142183A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4957	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.67%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.19		2.0%		Quarterly Medicaid:			1.3493	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	As Filed Days = 65,552													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 65,552													
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4957											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.68											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.68	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	\$40.95	\$4.58			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.05	\$90.68	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.05	\$90.68	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3493											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.35											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.72	\$122.35	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45											
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	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.02	\$126.55	\$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	\$167.19												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PINEWOOD NURSING CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: 00142205A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.1128		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.45%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.87		3.0%		Quarterly Medicaid:			1.3325		1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,571,023	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1128													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.43	\$28.00		\$53.93	\$2.68	\$26.33	\$3.51					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.11	\$61.33	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.11	\$61.33	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3325													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.72													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.50	\$81.72	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45													
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	\$21.53	\$3.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$199.03	\$85.52	\$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	\$136.45														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: OAKVIEW HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142238A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3249	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			35.78%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.09		5.0%		Quarterly Medicaid:			1.3592	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$9,273,122	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3249											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.66											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	\$24.24	\$1.03			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$77.66	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$77.66	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3592											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.56											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.08	\$105.56	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.28	\$5.28											
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.45	\$8.45	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$204.53	\$114.01	\$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	\$153.40												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: OAK VIEW HOME, INC				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142249A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.2490	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				41.43%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.16	4.0%	Quarterly Medicaid:			1.2276	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 28,920	FY21 Audited C/R Days	28,920											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,920	FY21 GL-PL Ins Rpt Days								28,920				
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2490										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.56										
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.56	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	\$10.22	\$0.91		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.92	\$92.56	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.92	\$92.56	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$0.91		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2276										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.63										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.99	\$113.63	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$26.02	\$7.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.01	\$121.55	\$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	\$158.93											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE OAKS NURSING HOME, INC.				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142271A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3983	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			48.78%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.88		3.0%		Quarterly Medicaid:			1.4217	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
PDPM BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,907,828	\$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 As Filed Days = 21,095	FY21 Audited C/R Days	21,095												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,095	FY21 GL-PL Ins Rpt Days								21,095					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3983											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.23											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.23	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	\$0.52	\$1.51			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.15	\$76.23	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	14.99 (FRV)	\$1.51			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.15	\$76.23	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4217											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.38											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.30	\$108.38	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.96	\$5.96											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$27.84	\$9.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.14	\$118.12	\$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	\$159.03												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - OLD CAPITOL				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142304A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3011	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			44.78%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.27	5.0%	Quarterly Medicaid:			1.3196	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,393,979	\$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 Adjstmtns	(\$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 As Filed Days = 35,467	FY21 Audited C/R Days	35,467										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,467	FY21 GL-PL Ins Rpt Days								35,467			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3011									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.75									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.75	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	\$7.37	\$0.21	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.31	\$69.75	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.31	\$69.75	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3196									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.60	\$92.04	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$25.53	\$7.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$205.13	\$99.47	\$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	\$141.02										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - OCILLA				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142315A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4770	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.49%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.70	5.0%	Quarterly Medicaid:			1.6224	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 20,479	FY21 Audited C/R Days	20,479										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,479	FY21 GL-PL Ins Rpt Days								20,479			
9	Net Per Diems prior to Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4770									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.71	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	\$7.77	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.19	\$78.71	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.19	\$78.71	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6224									
18	Qtrly Routine Svcs Model 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	\$237.18	\$127.70	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$26.29	\$8.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$263.47	\$135.89	\$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	\$184.78										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PALEMON GASKINS MEM NSG HOME				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00142326A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.1108	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			41.18%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			no data		0.0%		Quarterly Medicaid:			1.2925	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1108													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$125.10													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$125.10	\$0.00	\$30.95	\$27.26		\$56.45	\$1.36	\$7.94	\$0.32					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.79	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.79	\$104.63	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2925													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.23													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.39	\$135.23	\$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 ([Std - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	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	\$21.11	\$3.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.50	\$138.61	\$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	\$188.55														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - PALMYRA				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142337A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4443	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			42.20%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.44	5.0%	Quarterly Medicaid:			1.3639	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4443									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.75									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.75	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	\$15.50	\$1.10	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.38	\$80.75	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.38	\$80.75	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3639									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.77	\$110.13	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.51	\$5.51									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.89	\$8.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.66	\$118.92	\$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	\$167.67										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WELLSTAR PAULDING NURSING CTR				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142359A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3937	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.94%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.64		4.0%		Quarterly Medicaid:			1.2835	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3937											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$163.45											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$163.45	\$0.00	\$55.27	\$87.05		\$84.40	\$3.04	\$105.18	\$0.00			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.29	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.29	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2835											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.29											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.95	\$134.29	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.36	\$3.36											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37											
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.73	\$8.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$263.68	\$143.02	\$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	\$197.76												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE LODGE Prvdr ID: 00142381A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.58% Nurse Hrs per On-Site Day/Q: 4.51	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4795 Quarterly Medicaid: 1.4889	<u>PDPM Facility</u> 1.4795 1.4889	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	FY21 Audited C/R Days	21,311									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,311		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.4795								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.02								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.02	\$0.00	\$26.50	\$35.72		\$45.23	\$6.98	\$6.29	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.08	\$91.02	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.08	\$91.02	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4889								
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.57	\$135.52	\$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 ([Std - 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 =	Ln 19 Col b x CPS Add-on	\$3.39	\$3.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.07	\$4.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.31	\$7.99	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$298.88	\$143.51	\$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	\$211.34									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PELHAM PARKWAY NURSING HM				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142425A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2280	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.84%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.28	3.0%	Quarterly Medicaid:			1.2278	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2280									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.90									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$105.90	\$0.00	\$26.96	\$40.01		\$38.85	\$1.12	\$15.86	\$0.38	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.79	\$104.63	\$0.00	\$26.96	\$33.28		\$36.91	\$1.12	12.51 (FRV)	\$0.38	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$215.79	\$104.63	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$0.38	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2278									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.62	\$128.46	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.38	\$7.06	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.00	\$135.52	\$0.00	\$27.18	\$33.28	\$0.00	\$54.01	\$1.12	\$12.51	\$0.38	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.18										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - JASPER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142436A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5543	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			19.61%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.76	6.0%	Quarterly Medicaid:			1.4402	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5543									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.54									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.54	\$0.00	\$20.55	\$30.10		\$42.77	\$14.97	\$19.37	\$0.66	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.29	\$81.54	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.29	\$81.54	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$0.66	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4402									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.19	\$117.43	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	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	\$25.31	\$7.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.50	\$125.01	\$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	\$184.05										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: HARBORVIEW PIERCE COUNTY				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142447A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4814	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.07%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.21		3.0%		Quarterly Medicaid:			1.6276	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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 Srvcs 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 Adjstrmts	(\$202,301)	(\$6,286)	\$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	\$5,266,768	\$2,574,243	\$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 Model Adjstrmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$243.77	\$119.14	\$0.00	\$19.16	\$26.42	(with L&H)	\$32.98	\$4.28	\$36.70	\$5.09			
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4814											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.43											
12	Net Per Diems after Model Adjstrmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.43	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	\$36.70	\$5.09			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.29	\$80.43	\$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	\$186.29	\$80.43	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09			
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.6276											
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.91											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.77	\$130.91	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93											
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	\$23.87	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.64	\$136.68	\$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	\$182.66												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PINE KNOLL NURSING & REHAB CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142458A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4035	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			19.32%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.03	3.0%	Quarterly Medicaid:			1.4189	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 34,574	FY21 Audited C/R Days	34,574										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,574	FY21 GL-PL Ins Rpt Days								34,574			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4035									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.10									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.10	\$0.00	\$18.62	\$17.90		\$39.27	\$0.36	\$22.69	\$1.20	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.78	\$77.10	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.78	\$77.10	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4189									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.08	\$109.40	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.54	\$3.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.62	\$113.21	\$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	\$148.14										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CROSSVIEW CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142502A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1258	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			26.47%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			1.71	1.0%	Quarterly Medicaid:			1.2444	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1258									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.19									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.19	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	\$31.14	\$0.91	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.02	\$92.19	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.02	\$92.19	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$0.91	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2444									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.55	\$114.72	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.15	\$1.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.93	\$2.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$211.48	\$117.55	\$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	\$145.79										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.
For informational use only.

Provider: PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: 00142513A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4551		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			46.15%		5.5%		Quarterly Medicaid:			1.4046		1.4021	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.68		2.0%								
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
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 Svcs 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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.4551</u>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33													
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0.00	\$34.41	\$22.71		\$41.57	\$1.89	\$15.85	\$0.71					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.91	\$62.33	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.91	\$62.33	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4046</u>													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.55													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.13	\$87.55	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.82	\$4.82													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.75	\$1.75													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.83	\$7.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.96	\$94.65	\$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	\$151.40														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LILLIAN G CARTER HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142524A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.5771	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			46.51%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.14		3.0%		Quarterly Medicaid:			1.3963	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.5771</u>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.14											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.14	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	\$18.15	\$1.20			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.86	\$74.14	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.86	\$74.14	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3963</u>											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.52											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.25	\$103.52	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.69	\$5.69											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$27.43	\$9.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$215.68	\$112.85	\$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	\$148.94												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE PLACE AT MARTINEZ				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142535A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3238	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			19.64%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.72	3.0%	Quarterly Medicaid:			1.3632	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 As Filed Days = 22,683	FY21 Audited C/R Days	22,683										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,683	FY21 GL-PL Ins Rpt Days								22,683			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3238									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.27									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.27	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	\$15.38	\$3.94	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.52	\$98.27	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.52	\$98.27	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3632									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.21	\$133.96	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.02	\$4.02									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.65	\$4.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.86	\$138.51	\$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	\$185.82										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PLEASANT VIEW NURSING CENTER Prvdr ID: 00142546A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.67% Nurse Hrs per On-Site Day/Q: 2.68	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2147 Quarterly Medicaid: 1.1538	<u>PDPM Facility</u> 1.2147 1.1538	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								38,223		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2147								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.36								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.36	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	\$14.83	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.75	\$66.36	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.75	\$66.36	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1538								
18	Qtrly Routine Svcs Model 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	\$143.96	\$76.57	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
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	\$21.70	\$3.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$165.66	\$80.17	\$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	\$111.42									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CEDAR VALLEY NSG & REHAB CTR				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142557A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4166	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			44.90%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.84	3.0%	Quarterly Medicaid:			1.1916	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 As Filed Days = 27,936	FY21 Audited C/R Days	27,936										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY21 GL-PL Ins Rpt Days								27,936			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4166									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.36									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.36	\$0.00	\$18.09	\$19.30		\$41.11	\$0.37	\$25.62	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.22	\$64.36	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.22	\$64.36	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1916									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.55	\$76.69	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.92	\$1.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30									
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	\$22.48	\$4.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$185.03	\$81.44	\$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	\$125.95										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PRESBYTERIAN HOME, QUITMAN, IN				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142579A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4246	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			45.38%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.91	3.0%	Quarterly Medicaid:			1.5158	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4246									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.28									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.28	\$0.00	\$28.20	\$25.18		\$36.77	\$1.67	\$11.98	\$0.48	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.14	\$82.28	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.14	\$82.28	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5158									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.58	\$124.72	\$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 ([Std - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.86	\$6.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74									
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	\$11.64	\$11.13	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.22	\$135.85	\$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	\$184.67										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BRYANT HEALTH AND REHABILITATION CENTER				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142601A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1534	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.93%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.52	3.0%	Quarterly Medicaid:			1.2659	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$400,121)	\$0	\$0	\$0	\$0	\$0	(\$371,520)		(\$28,601)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,751			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$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 As Filed Days = 20,952	FY21 Audited C/R Days	20,952										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,952	FY21 GL-PL Ins Rpt Days								20,952			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1534									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.71	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	\$33.01	\$1.37	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.14	\$78.71	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	9.68 (FRV)	\$1.37	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.14	\$78.71	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2659									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.07	\$99.64	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$196.69	\$104.16	\$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	\$134.69										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PROVIDENCE HEALTHCARE				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142612A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4823	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.69%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.52		3.0%		Quarterly Medicaid:			1.4634	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
PDPM BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	25,628												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,628	FY21 GL-PL Ins Rpt Days								25,628					
9	Net Per Diems prior to Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4823											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.55											
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.55	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	\$34.26	\$0.77			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.65	\$69.55	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.65	\$69.55	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4634											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.78											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.88	\$101.78	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.70	\$4.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$206.58	\$106.38	\$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	\$142.11												

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: Providence HC Sparta				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Pvdr ID: 00142623A		PDPM Shadow Rate For informational use only. This is NOT your rate				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:		1.3209	1.3617		
H/B ?: No		Case Mix Per Diem Rate Effective Date:		10/01/23		BIMS	14.3%	0.0%	Quarterly Medicaid CMI:		1.2755	1.5138		
		MDS & Nurse Hrs Data per Quarter Ending:		06/30/23		Nurse Hours per On-Site Day/Quality Incentive:		2.99	2.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.3019	1.5405	
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
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												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						1.3209								
Routine Services Case Mix Adjusted Net Per Diem						\$70.00								
Net Per Diems After Case Mix Adjustments					\$177.90	\$70.00		\$20.02	\$20.84		\$37.36	\$2.86	\$25.28	1.54
Per Diem Standards						\$104.63		\$26.82	\$33.28		\$36.91			
Base Period Case Mix Adjusted Allowed Per Diem					\$161.96	\$70.00		\$20.02	\$20.84		\$36.91	\$2.86	9.79	1.54
Quarterly Per Diem Rate Prior to Add-Ons													(FRV Rate)	
Growth Allowance		0.00%		\$0.00	\$0.00			\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem After Growth Allowance				\$161.96	\$70.00			\$20.02	\$20.84		\$36.91	\$2.86	\$9.79	\$1.54
Quarterly Facility Case Mix Index for Medicaid Residents						1.3019								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem						\$91.13								
Quarterly Medicaid CMA Allowed Per Diem					\$183.09	\$91.13		\$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%			\$1.82	1.82								
Nursing Home Provider Fee					\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts					\$20.08									
Quarterly Case Mix Based Per Diem Rate					\$203.17	\$93.48		\$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%					\$139.55									
PDPM Shadow Rate. This is not your rate.														

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: GREENE POINT HEALTH AND REHABILITATION				Add-on Data and Percentage				Facility Score	Add-on Percent	Facility Model (PDPM) Data				PDPM Facility	PDPM Statewide
Prvdr ID: 00142634A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.2927	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				23.08%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.48	5.0%	Quarterly Medicaid:				1.2897	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,659,957	\$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 Adjstmtns	(\$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 Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2927											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.47											
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.47	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	\$17.91	\$1.16			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.13	\$99.47	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$99.47	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2897											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.29											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.95	\$128.29	\$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 ([Std - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$26.18	\$8.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.13	\$136.51	\$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	\$183.77												

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: Warrenton H&R				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Prvdr ID: 00142645A		PDPM Shadow Rate For informational use only. This is NOT your rate				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:		1.3209	1.3617		
H/B ?: No		Case Mix Per Diem Rate Effective Date:		10/01/23		BIMS	27.3%	1.0%	Quarterly Medicaid CMI:		1.2409	1.5438		
		MDS & Nurse Hrs Data per Quarter Ending:		06/30/23		Nurse Hours per On-Site Day/Quality Incentive:		3.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.2655	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 Srvc 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 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					\$186.94	\$82.39		\$18.92	\$23.29		\$47.67	\$3.76	\$8.91	\$2.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%					\$127.38									

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ORCHARD HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142656A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2429	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			31.82%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.17	5.0%	Quarterly Medicaid:			1.2471	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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	(\$181,191)	(\$36,105)	\$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	\$4,687,818	\$2,674,214	\$0	\$500,401	\$527,427	(\$420)	\$676,215	\$109,415	\$176,777	\$23,789	
8	Total Nursing Facility Days As Filed Days = 24,631	FY21 Audited C/R Days	24,741										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,631	FY21 GL-PL Ins Rpt Days								24,741			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.48	\$108.09	\$0.00	\$20.23	\$21.30	(with L&H)	\$27.33	\$4.42	\$7.15	\$0.96	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2429									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.97									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.97	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	\$7.15	\$0.96	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.43	\$86.97	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.43	\$86.97	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2471									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.92	\$108.46	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.42	\$5.42									
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	\$26.76	\$8.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.68	\$117.12	\$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	\$151.19										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB Prvdr ID: 00142678A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 36.36% Nurse Hrs per On-Site Day/Q: 3.48	<u>Facility Score</u> 0.00% 2.5% 5.0%	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3351 Quarterly Medicaid: 1.3515	<u>PDPM Facility</u> 1.3351 1.3515	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$3,780,205	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	18,097									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								18,097		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3351								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.97								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.97	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	\$18.70	\$1.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.63	\$85.97	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.63	\$85.97	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3515								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.85	\$116.19	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$27.34	\$9.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.19	\$125.43	\$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	\$159.82									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: JESUP HEALTH AND REHAB Prvdr ID: 00142689A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 24.32% Nurse Hrs per On-Site Day/Q 3.36	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.7621 Quarterly Medicaid: 1.8076	<u>PDPM Facility</u> 1.7621 1.8076	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$3,652,609	\$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 As Filed Days = 17,731	FY21 Audited C/R Days	17,731									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,731	FY21 GL-PL Ins Rpt Days								17,731		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.7621								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.90	\$0.00	\$18.59	\$24.84		\$47.32	\$0.94	\$19.64	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.13	\$52.90	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.13	\$52.90	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.8076								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.85	\$95.62	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
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	\$22.09	\$4.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.94	\$99.98	\$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	\$143.13									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: COLQUITT REGIONAL SENIOR CARE & REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142711A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.6431	1.4210
MDS & Nurse Hrs Data per Quarter Ending: 10/1/2023				Qtrly BIMS score:			12.12%		0.0%		Quarterly Medicaid:			1.4555	1.4021
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.33		3.0%						
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
PDPM BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,007													
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6431											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.19											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.19	\$0.00	\$19.43	\$27.09		\$59.59	\$0.27	\$30.01	\$3.02			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.38	\$63.19	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.38	\$63.19	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4555											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.97											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.17	\$91.97	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.02	\$3.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.19	\$95.26	\$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	\$150.82												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BUCHANAN HEALTHCARE CENTER				Add-on Data and Percentage				Facility Score	Add-on Percent	Facility Model (PDPM) Data				PDPM Facility	PDPM Statewide
Prvdr ID: 00142722A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.3629	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				15.63%	0.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.42	3.0%	Quarterly Medicaid:				1.2509	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	17,870												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,870	FY21 GL-PL Ins Rpt Days								17,870					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3629											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.53											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.53	\$0.00	\$16.39	\$19.98		\$70.25	\$5.19	\$17.97	\$1.29			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.04	\$76.53	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.04	\$76.53	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2509											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.73											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.24	\$95.73	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87											
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	\$21.13	\$3.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$208.37	\$99.13	\$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	\$143.45												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE RETREAT Prvdr ID: 00142733A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.77% Nurse Hrs per On-Site Day/Q 4.52	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4209 Quarterly Medicaid: 1.3044	<u>PDPM Facility</u> 1.4209 1.3044	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4209								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.03	\$0.00	\$39.64	\$24.99		\$29.21	\$0.80	\$11.07	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.14	\$91.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.14	\$91.03	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3044								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.85	\$118.74	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.94	\$7.06	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$244.79	\$125.80	\$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	\$170.77									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: RIDGEWOOD MANOR HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142744A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4182	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			40.98%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			no data		0.0%		Quarterly Medicaid:			1.3284	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,749,025	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4182											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.19											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.19	\$0.00	\$23.15	\$27.46		\$55.52	\$2.02	\$13.94	\$0.40			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.99	\$95.19	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.99	\$95.19	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3284											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.45											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.25	\$126.45	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	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	\$21.42	\$3.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$247.67	\$130.14	\$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	\$172.93												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HARBORVIEW SATILLA Prvdr ID: 00142755A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				<u>Add-on Data and Percentage</u> Growth Allowance: N/A Qtrly BIMS score: 12.96% Nurse Hrs per On-Site Day/Q 3.12			<u>Facility Score</u> N/A 12.96% 3.12	<u>Add-on Percent</u> 0.00% 0.0% 2.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4025 Quarterly Medicaid: 1.4328			<u>PDPM Facility</u> 1.4025 1.4328	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups 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 Measure Maximums (see line 20 for actual)	(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		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4		(see Policy Manual)		\$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	\$6,162,906	\$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 Adjstrmts	(\$223,447)	(\$87,793)	\$0	\$0	\$0	(\$3,513)	(\$82,490)		(\$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	\$6,153,027	\$2,864,786	\$0	\$505,108	\$643,549	(\$3,513)	\$1,131,441	\$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 Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.12	\$97.83	\$0.00	\$17.25	\$21.86	(with L&H)	\$38.64	\$4.74	\$27.25	\$2.55	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4025									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.75									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.75	\$0.00	\$17.25	\$21.86		\$38.64	\$4.74	\$27.25	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.67	\$69.75	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.67	\$69.75	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4328									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.86	\$99.94	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine 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	\$20.26	\$2.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.12	\$102.47	\$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	\$150.02										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ETOWAH LANDING				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142766A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3342	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			37.14%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.15		3.0%		Quarterly Medicaid:			1.5470	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3342											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.44											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.44	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	\$18.06	\$1.61			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.01	\$78.44	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.01	\$78.44	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5470											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.35											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.92	\$121.35	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$25.30	\$7.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.22	\$128.55	\$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	\$159.84												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ROBERTA HEALTH AND REHAB				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide			
Prvdr ID: 00142777A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.3411		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			39.53%		2.5%										
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.45		2.0%		Quarterly Medicaid:			1.4972		1.4021			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance							
			a	b	c	d	e	f	g	g	h	i							
PDPM BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstrmts	(\$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 As Filed Days = 26,018	FY21 Audited C/R Days	26,018																
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,018	FY21 GL-PL Ins Rpt Days								26,018									
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3411															
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.07															
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.07	\$0.00	\$13.01	\$17.19		\$58.66	\$1.68	\$25.81	\$2.22							
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.08	\$54.07	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.08	\$54.07	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22							
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4972															
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.95															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.97	\$80.95	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00								
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.02	\$2.02															
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$21.90	\$4.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$181.87	\$85.12	\$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	\$123.58																

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: TWIN FOUNTAINS HOME				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142843A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2432	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			38.89%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.61	3.0%	Quarterly Medicaid:			1.1754	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2432									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.60									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.60	\$0.00	\$33.53	\$56.93		\$161.80	\$1.69	\$31.27	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.84	\$89.60	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.84	\$89.60	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1754									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.56	\$105.32	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16									
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	\$23.64	\$6.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.20	\$111.64	\$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	\$171.83										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WINDER HEALTH CARE & REHAB CTR				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142854A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4068	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			23.26%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.52	3.0%	Quarterly Medicaid:			1.4724	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4068									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.88									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.88	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	\$8.83	\$1.38	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.51	\$73.88	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.51	\$73.88	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4724									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.41	\$108.78	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.98	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.39	\$113.66	\$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	\$153.22										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: DADE HEALTH AND REHAB				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142865A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3721	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			46.67%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.15	3.0%	Quarterly Medicaid:			1.5383	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,707,714	\$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		16,805									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,805								16,805			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3721									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.50									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.50	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	\$17.09	\$0.64	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.89	\$92.50	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.89	\$92.50	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5383									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.69	\$142.29	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.83	\$7.83									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.73	\$12.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.42	\$154.92	\$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	\$183.24										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SAVANNAH BEACH HEALTH AND REHAB Prvdr ID: 00142876A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.77% Nurse Hrs per On-Site Day/Q: 2.65	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1031 Quarterly Medicaid: 1.0564	<u>PDPM Facility</u> 1.1031 1.0564	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	14,564									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								14,564		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1031								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.90	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	\$25.30	\$3.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.17	\$91.90	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.17	\$91.90	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.0564								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.35	\$97.08	\$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 =	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$204.32	\$102.95	\$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	\$140.42									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SEARS MANOR NURSING HOME				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142898A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4020	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			21.95%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.52	5.0%	Quarterly Medicaid:			1.4532	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								22,338			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4020									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.76									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.76	\$0.00	\$28.23	\$28.24		\$32.35	\$3.86	\$13.15	\$2.36	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.15	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.15	\$104.63	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4532									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.05									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.57	\$152.05	\$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 ([Std - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.52	\$1.52									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.60	\$7.60									
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	\$27.00	\$9.12	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$283.57	\$161.17	\$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	\$199.85										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SEMINOLE MANOR NURSING HOME				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142909A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2473	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			18.18%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.78	3.0%	Quarterly Medicaid:			1.2791	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2473									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.08									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.08	\$0.00	\$37.13	\$44.79		\$29.80	\$0.53	\$18.31	\$0.63	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.63	\$93.08	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.63	\$93.08	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2791									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.61	\$119.06	\$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 ([Stdnd - 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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.57	\$4.10	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.18	\$123.16	\$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	\$176.31										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: VISTA PARK HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142931A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3688	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			37.50%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.53	5.0%	Quarterly Medicaid:			1.3658	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.3688</u>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.31									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.31	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	\$26.17	\$1.47	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.88	\$75.31	\$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	\$171.88	\$75.31	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<u>1.3658</u>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.43	\$102.86	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see 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	\$2.57	\$2.57									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.14	\$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	\$26.34	\$8.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.77	\$111.10	\$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	\$156.50										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ROSS MEMORIAL HEALTH CARE CTR				Add-on Data and Percentag			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142942A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3695	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.88%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.35		3.0%		Quarterly Medicaid:			1.3633	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,265,968	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3695											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$109.77											
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$109.77	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	\$8.91	\$3.66			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.33	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.33	\$104.63	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3633											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.64											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.34	\$142.64	\$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 ([Stdnd - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$25.80	\$7.85	\$0.00	\$0.07	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.14	\$150.49	\$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	\$191.28												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - SHEPHERD HILLS Prvdr ID: 00142964A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.45% Nurse Hrs per On-Site Day/Q: 3.58	<u>Facility Score</u> 0.00% 0.0% 5.0%	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4051 Quarterly Medicaid: 1.3307	<u>PDPM Facility</u> 1.4051 1.3307	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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	34,759									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,759										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4051								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.47	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	\$5.10	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.69	\$77.47	\$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	\$171.69	\$77.47	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.3307								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.31	\$103.09	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
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	\$5.15	\$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	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.09	\$108.77	\$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	\$152.99									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: GOLD CITY HEALTH AND REHAB Prvdr ID: 00142975A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.58% Nurse Hrs per On-Site Day/Q: 2.52	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5817 Quarterly Medicaid: 1.3364	<u>PDPM Facility</u> 1.5817 1.3364	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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	As Filed Days = 26,865	26,865									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,865										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5817								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.91								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.91	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	\$5.06	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.05	\$52.91	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.05	\$52.91	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3364								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.85	\$70.71	\$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 =	Ln 19 Col b x CPS Add-on	\$1.77	\$1.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$22.52	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$160.37	\$75.13	\$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	\$107.45									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SIGNATURE HEALTHCARE OF MARIETTA				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00142986A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4270	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.44%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.60	3.0%	Quarterly Medicaid:			1.4978	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 As Filed Days = 43,226	FY21 Audited C/R Days	43,226										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,226	FY21 GL-PL Ins Rpt Days								43,226			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4270									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.86									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.86	\$0.00	\$20.04	\$19.30		\$54.08	\$5.61	\$51.73	\$3.16	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.84	\$98.86	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$98.86	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4978									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.06	\$148.07	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.18	\$6.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.24	\$154.52	\$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	\$191.36										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - FAIRBURN				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142997A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4632	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			13.46%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.03	5.0%	Quarterly Medicaid:			1.4350	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,659											
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4632									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.09									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.09	\$0.00	\$22.58	\$27.25		\$41.38	\$17.23	\$12.54	\$2.82	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.96	\$87.09	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.96	\$87.09	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4350									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.85	\$124.97	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$24.51	\$6.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.36	\$131.75	\$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	\$189.95										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SMITH MEDICAL NURSING CARE CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143008A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2637	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			45.16%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.71	0.0%	Quarterly Medicaid:			1.2342	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2637									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.08									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.08	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	\$0.24	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.64	\$42.08	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$113.64	\$42.08	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$1.28	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2342									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$51.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$123.49	\$51.94	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	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	\$21.49	\$3.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$144.98	\$55.33	\$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	\$95.91										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SOCIAL CIRCLE NSG & REHAB CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143041A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4915	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.58%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.58	2.0%	Quarterly Medicaid:			1.3930	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4915									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.81									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.81	\$0.00	\$18.74	\$20.16		\$38.65	\$0.33	\$24.27	\$1.32	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.99	\$91.81	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.99	\$91.81	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3930									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.08	\$127.89	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$22.10	\$4.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.18	\$132.26	\$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	\$165.81										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - GRIFFIN				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143052A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5139	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.27%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.18	6.0%	Quarterly Medicaid:			1.4985	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,315											
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5139									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.90									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.90	\$0.00	\$21.82	\$27.25		\$40.77	\$17.31	\$15.43	\$2.24	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.04	\$80.90	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.04	\$80.90	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4985									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.36	\$121.23	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.27	\$7.27									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.74	\$9.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$263.10	\$130.24	\$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	\$184.50										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SPARTA HEALTH AND REHABILITATION Prvdr ID: 00143063A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.30% Nurse Hrs per On-Site Day/Q: 2.96	<u>Facility Score</u> 0.00% 2.5% 5.0%	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1826 Quarterly Medicaid: 1.3028	<u>PDPM Facility</u> 1.1826 1.3028	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$3,462,080	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	15,357									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								15,357		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1826								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.46								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.46	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	\$24.83	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.24	\$91.46	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.24	\$91.46	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3028								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.93	\$119.15	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$27.57	\$9.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.50	\$128.62	\$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	\$172.05									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FULTON CENTER FOR REHABILITATION LLC				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143074A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance: N/A		0.00%		Base Period Overall:			1.4990	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score: 20.51%		1.0%									
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q 3.54		5.0%					Quarterly Medicaid:			1.6117	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups 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 Measure Maximums (see line 20 for actual)	(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		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4		(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 35,671	FY21 Audited C/R Days	35,671												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,671	FY21 GL-PL Ins Rpt Days								35,671					
9	Net Per Diems prior to Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4990											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50											
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	\$31.08	\$2.67			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.32	\$60.50	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.32	\$60.50	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6117											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.51											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.33	\$97.51	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.88	\$4.88											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.49	\$6.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$209.82	\$103.90	\$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	\$144.54												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CARTERSVILLE CENTER FOR NURSING AND HEALING				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143085A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3937	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			15.28%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.43	4.0%	Quarterly Medicaid:			1.5586	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 36,071	FY21 Audited C/R Days	36,071										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,071	FY21 GL-PL Ins Rpt Days								36,071			
9	Net Per Diems prior to Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3937									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.67									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.67	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	\$23.27	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.09	\$71.67	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.09	\$71.67	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5586									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.12	\$111.70	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.47	\$4.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.22	\$116.70	\$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	\$153.09										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PRUITTHEALTH - SPRING VALLEY				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143096A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3774	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.11%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.24	4.0%	Quarterly Medicaid:			1.3292	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,826,766	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3774									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.93									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.93	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	\$9.75	\$0.92	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.25	\$85.93	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.25	\$85.93	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3292									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.54	\$114.22	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.57	\$4.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.06	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.60	\$122.18	\$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	\$168.38										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: WINTHROP HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143118A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3270	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.00%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.67		4.0%		Quarterly Medicaid:			1.3570	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	25,977												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,977								25,977					
9	Net Per Diems prior to Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3270											
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.83											
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.83	\$0.00	\$20.98	\$26.40		\$41.16	\$4.03	\$5.45	\$0.50			
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.96	\$90.83	\$0.00	\$20.98	\$26.40		\$36.91	\$4.03	17.31 (FRV)	\$0.50			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.96	\$90.83	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$17.31	\$0.50			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3570											
18	Qtrly Routine Srvcs Model 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	\$229.38	\$123.26	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$17.31	\$0.50			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$24.42	\$6.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$253.80	\$129.95	\$0.00	\$21.20	\$26.81	\$0.00	\$54.01	\$4.03	\$17.31	\$0.50			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.53												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SENIOR CARE CENTER - ST MARYS				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143129A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.4004	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				24.39%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.23	3.0%	Quarterly Medicaid:				1.2763	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,269,926	\$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	As Filed Days = 17,919	17,919												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,919								17,919					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4004											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.99											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$120.99	\$0.00	\$37.31	\$41.14		\$79.67	\$9.00	\$12.11	\$0.66			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.78	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.78	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2763											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.54											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.69	\$133.54	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.45	\$5.35	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.14	\$138.89	\$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	\$192.78												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: EAGLE HEALTH & REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143151A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4147	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.03%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.40	5.0%	Quarterly Medicaid:			1.3116	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,947,192	\$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 As Filed Days = 15,796	FY21 Audited C/R Days	15,879										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,796	FY21 GL-PL Ins Rpt Days								15,879			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4147									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.88	\$0.00	\$33.00	\$27.89		\$38.06	\$7.88	\$15.51	\$2.87	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.07	\$86.88	\$0.00	\$26.82	\$27.89		\$36.91	\$7.88	10.82 (FRV)	\$2.87	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.07	\$86.88	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3116									
18	Qtrly Routine Svcs Model 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	\$227.14	\$113.95	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70									
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	\$24.88	\$7.37	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.02	\$121.32	\$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	\$176.19										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ARROWHEAD HEALTH AND REHAB				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143162A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.6306	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			62.86%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.54		3.0%		Quarterly Medicaid:			1.7493	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6306											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.57											
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.57	\$0.00	\$16.99	\$25.47		\$59.27	\$1.93	\$37.35	\$2.35			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.88	\$48.57	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.88	\$48.57	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7493											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.96											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.27	\$84.96	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.67	\$4.67											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.48	\$7.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$204.75	\$92.71	\$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	\$140.74												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - SUNRISE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143173A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6158	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			7.50%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.80	5.0%	Quarterly Medicaid:			1.3790	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$3,686,045	\$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 Adjstmtns	(\$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 As Filed Days = 15,338	FY21 Audited C/R Days	15,338										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,338	FY21 GL-PL Ins Rpt Days								15,338			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6158									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.47									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.47	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	\$9.48	\$1.29	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.27	\$79.47	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.27	\$79.47	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3790									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.39	\$109.59	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$247.50	\$115.60	\$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	\$172.80										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MOUNTAIN VIEW HEALTH CARE				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143184A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3530	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			37.21%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.57	3.0%	Quarterly Medicaid:			1.3844	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.3530</u>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.72									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.72	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	\$9.68	\$1.04	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.10	\$71.72	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.10	\$71.72	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3844</u>									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.67	\$99.29	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$201.76	\$105.28	\$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	\$138.50										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - SWAINSBORO				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143195A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3090	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			15.71%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.95	5.0%	Quarterly Medicaid:			1.3223	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	20,111										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,111	FY21 GL-PL Ins Rpt Days								20,111			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3090									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.77									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.77	\$0.00	\$20.61	\$33.63		\$35.69	\$22.25	\$10.61	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.68	\$91.77	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$215.68	\$91.77	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3223									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.26	\$121.35	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.07	\$6.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.60	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.55	\$127.95	\$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	\$189.34										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - SYLVESTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>	
Prvdr ID: 00143206A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:	N/A	0.00%	Base Period Overall:			1.2695	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			17.98%	0.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.38	5.0%	Quarterly Medicaid:			1.2744	1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,966,529	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2695										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.57										
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.57	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	\$13.78	\$1.10		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.26	\$91.57	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.26	\$91.57	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2744										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.70										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.39	\$116.70	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.83	\$5.83										
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	\$24.46	\$6.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.85	\$123.06	\$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	\$174.56											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.
For informational use only.

Provider: TATTNALL HEALTHCARE CENTER				Add-on Data and Percentage				<u>Facility</u> <u>Score</u>	<u>Add-on</u> <u>Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM</u> <u>Facility</u>	<u>PDPM</u> <u>Statewide</u>
Prvdr ID: 00143228A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.1913	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				30.30%	2.5%	Quarterly Medicaid:				1.2891	1.4021
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.78	3.0%						
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
Peer Group Standards & Efficiency Measure Limits															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1913											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.00											
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.00	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	\$12.17	\$0.96			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.02	\$85.00	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.02	\$85.00	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2891											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.57											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.59	\$109.57	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.66	\$6.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.25	\$116.13	\$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	\$138.86												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: THOMSON HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143261A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2978	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			45.71%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.86	2.0%	Quarterly Medicaid:			1.3267	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 32,869	FY21 Audited C/R Days	32,872										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,869	FY21 GL-PL Ins Rpt Days								32,872			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2978									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.55									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.55	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	\$19.48	\$1.28	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.31	\$90.55	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.31	\$90.55	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$1.28	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3267									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.89	\$120.13	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.61	\$6.61									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.64	\$9.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.53	\$129.67	\$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	\$161.57										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: REHABILITATION CENTER OF SOUTH GEORGIA				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143283A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3912	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			16.04%		0.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.16		5.0%		Quarterly Medicaid:			1.3897	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base 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 Model Adjstmnt 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 Model for All Residents	from 2 qtrs of FY21		1.3912											
11	Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.49											
12	Net Per Diems after Model Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.49	\$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		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.33	\$87.49	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.33	\$87.49	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3897											
18	Qtrly Routine Srvc Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.58											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.42	\$121.58	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.08	\$6.08											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.71	\$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$239.13	\$128.19	\$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	\$166.52												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: TIFTON HEALTH AND REHABILITATION CENTER				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143294A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4336	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.03%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.57	3.0%	Quarterly Medicaid:			1.5158	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,130,719	\$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 Adjstmtns	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4336									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.29									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.29	\$0.00	\$15.99	\$15.66		\$40.85	\$6.10	\$37.87	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.13	\$76.29	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.13	\$76.29	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5158									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.48	\$115.64	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47									
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	\$22.89	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.37	\$120.80	\$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	\$156.20										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - TOCCOA				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143305A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3703	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.73%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.02	5.0%	Quarterly Medicaid:			1.3488	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$9,583,670	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3703									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.18									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.18	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	\$7.20	\$0.94	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.58	\$89.18	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.58	\$89.18	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3488									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.68	\$120.29	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.01	\$6.01									
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	\$25.84	\$7.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.52	\$128.03	\$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	\$164.57										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: OXLEY PARK HEALTH AND REHABILITATION				Add-on Data and Percentage				Facility Score	Add-on Percent	Facility Model (PDPM) Data				PDPM Facility	PDPM Statewide
Prvdr ID: 00143316A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.3819	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				26.98%	1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.13	5.0%	Quarterly Medicaid:				1.3819	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 25,231	FY21 Audited C/R Days	25,231												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,231	FY21 GL-PL Ins Rpt Days								25,231					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3819											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.83											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.83	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	\$22.87	\$1.66			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.43	\$84.83	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.43	\$84.83	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3819											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.23											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.83	\$117.23	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.86	\$5.86											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.66	\$7.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.49	\$124.79	\$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	\$168.29												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - PEAKE				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00143327A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.4430	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.10%		1.0%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.92		5.0%		Quarterly Medicaid:			1.4925	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,126															
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4430													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.59													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.59	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	\$10.31	\$3.37					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.89	\$95.59	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.89	\$95.59	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4925													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.67													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.97	\$142.67	\$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 ([Std - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.13	\$7.13													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.07	\$9.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.35	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$291.04	\$151.76	\$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	\$205.46														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CHATUGE REGIONAL NURSING HOME				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143338A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4205	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.25%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.64	3.0%	Quarterly Medicaid:			1.3875	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$9,061,735	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4205									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.03	\$0.00	\$43.18	\$39.08		\$46.75	\$1.17	\$11.24	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.40	\$97.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.40	\$97.03	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3875									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.00	\$134.63	\$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 ([Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.37	\$3.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.04	\$4.04									
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	\$25.04	\$7.94	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$280.04	\$142.57	\$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	\$197.21										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: TREUTLEN COUNTY HEALTH AND REHABILITATION				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143349A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4059	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			48.89%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.04	7.0%	Quarterly Medicaid:			1.4236	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,292,119	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4059									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	\$14.89	\$0.39	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.55	\$79.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.55	\$79.03	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4236									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.03	\$112.51	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.19	\$6.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.88	\$7.88									
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	\$32.70	\$14.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.73	\$127.11	\$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	\$171.47										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BERRIEN NURSING CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143382A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3658	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.78%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.71		2.0%		Quarterly Medicaid:			1.4225	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3658											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.18											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.18	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	\$25.65	\$1.66			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.50	\$77.18	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.50	\$77.18	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4225											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.79											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.11	\$109.79	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.93	\$3.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.04	\$113.62	\$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	\$168.71												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: TWIN OAKS CONVALESCENT CENTER				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143393A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3869	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.07%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.06	3.0%	Quarterly Medicaid:			1.3631	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,681,019	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3869									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.85									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.85	\$0.00	\$29.77	\$39.13		\$61.24	\$4.46	\$19.75	\$0.82	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.06	\$91.85	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.06	\$91.85	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3631									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.41	\$125.20	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76									
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	\$24.74	\$7.42	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.15	\$132.62	\$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	\$192.79										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: UNION COUNTY NURSING HOME				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143415A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3807	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			44.16%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.87	3.0%	Quarterly Medicaid:			1.3964	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3807									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.42									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.42	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	\$26.46	\$0.39	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.50	\$98.42	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.50	\$98.42	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3964									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.51	\$137.43	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.44	\$3.44									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.12	\$4.12									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.19	\$8.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.70	\$145.52	\$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	\$193.20										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: KENTWOOD NURSING FACILITY				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143426A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.2786	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			15.22%		0.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.95		2.0%		Quarterly Medicaid:			1.3330	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2786											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.09											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.09	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	\$20.00	\$0.32			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.61	\$90.09	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	14.96 (FRV)	\$0.32			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.61	\$90.09	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$0.32			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3330											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.09											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.61	\$120.09	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$0.32			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.03	\$2.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.64	\$123.02	\$0.00	\$25.13	\$25.07	\$0.00	\$44.46	\$5.68	\$14.96	\$0.32			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.16												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: CHULIO HILLS HEALTH AND REHAB				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143437A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.9583	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.83%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.41	2.0%	Quarterly Medicaid:			1.4825	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	19,592										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,009								19,592			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.9583									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$130.49									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$130.49	\$0.00	\$30.33	\$35.63		\$38.03	\$8.07	\$32.92	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.27	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.27	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4825									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.75	\$155.11	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.55	\$1.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10									
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	\$21.75	\$4.65	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$294.50	\$159.76	\$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	\$208.05										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WAYCROSS HEALTH AND REHABILITATION Prvdr ID: 00143459A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 14.00% Nurse Hrs per On-Site Day/Q: 3.44	<u>Facility Score</u> 0.00% 0.0% 4.0%	<u>Add-on Percent</u> 0.00% 0.0% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3655 Quarterly Medicaid: 1.3492	<u>PDPM Facility</u> 1.3655 1.3492	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$3,951,207	\$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	FY21 Audited C/R Days	17,858									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,858		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3655								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.22								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.22	\$0.00	\$22.83	\$27.32		\$37.11	\$5.45	\$17.91	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.98	\$79.22	\$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	\$181.98	\$79.22	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.3492								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.65	\$106.88	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
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	\$4.28	\$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	\$22.54	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.19	\$111.69	\$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	\$161.32									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: WASHINGTON CO EXTENDED CARE FACILITY				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143481A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4353	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.79%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.34	3.0%	Quarterly Medicaid:			1.4460	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4353									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.48									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.48	\$0.00	\$31.20	\$16.32		\$39.86	\$1.82	\$4.64	\$0.18	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.31	\$71.48	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.31	\$71.48	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4460									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.19	\$103.36	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10									
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	\$22.39	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$223.58	\$108.02	\$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	\$154.86										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

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		PDPM Shadow Rate For informational use only. This is NOT your rate		Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4384	1.5740		
H/B ? : No		Case Mix Per Diem Rate Effective Date: 10/01/23		BIMS		30.8%	2.5%	Quarterly Medicaid CMI:			1.4328	1.3765		
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/23		Nurse Hours per On-Site Day/Quality Incentive:		2.79	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4615	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														
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 0.000%														
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 = 4.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
Quarterly Case Mix Based Per Diem Rate					\$243.36	\$133.29		\$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%					\$169.70									

PDPM Shadow Rate. This is not your rate.

DEMONSTRATION ONLY

PDPM Shadow Rate. This is not your rate.

DEMONSTRATION ONLY

PDPM Shadow Rate. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: PruittHealth - Seaside, LLC Prvdr ID: 00143536A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 20.0% Nurse Hours per On-Site Day/Quality Incentive: 3.05		Facility Score Add-on Percent 0.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5825 Quarterly Medicaid CMI: 1.4620 Qtrly Mcaid CMI w RUG Wght Options: 1.4922			Facility Specific 1.5825 1.4620 1.4922	State-wide 1.5751 1.5195 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	\$104.63		\$26.82	\$33.28		\$36.91		\$21.86	\$1.21
<u>Allowed @ 95% of Std</u>				\$214.63	\$99.40	\$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)				\$222.22	\$99.40	\$25.48	\$31.62		\$35.06	\$ 7.59	\$21.86	\$1.21
Quarterly Facility Case Mix Index for Medicaid Residents					1.4922						(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem					\$148.32							
Quarterly Medicaid CMA Allowed Per Diem				\$267.74	\$148.32	\$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)				\$1.48	\$1.48							
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%				\$7.42	\$7.42							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$26.00								
	Quarterly Case Mix Based Per Diem Rate		\$293.74	\$157.22		\$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%	\$207.48										

PDPM Shadow Rate. This is not your rate.

* 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.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WILDWOOD HEALTH AND REHAB				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143547A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.2010	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				47.06%	5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.17	3.0%	Quarterly Medicaid:				1.2226	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 12,658	FY21 Audited C/R Days	12,658												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,658	FY21 GL-PL Ins Rpt Days								12,658					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$218.79	\$107.40	\$0.00	\$25.47	\$23.59	(with L&H)	\$38.84	\$0.00	\$22.16	\$1.33			
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2010											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.43											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.43	\$0.00	\$25.47	\$23.59		\$38.84	\$0.00	\$22.16	\$1.33			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.96	\$89.43	\$0.00	\$25.47	\$23.59		\$36.91	\$0.00	11.23 (FRV)	\$1.33			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.96	\$89.43	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2226											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.34											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.87	\$109.34	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.01	\$6.01											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$27.55	\$9.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.42	\$119.16	\$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	\$163.74												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SOUTHLAND HEALTHCARE AND REHAB CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143558A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3454	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			17.57%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.73	2.0%	Quarterly Medicaid:			1.5205	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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	29,162										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,162								29,162			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3454									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.79									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.79	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	\$35.54	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.50	\$70.79	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.50	\$70.79	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5205									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.35	\$107.64	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.78	\$2.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$197.13	\$110.32	\$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	\$135.02										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - WASHINGTON				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143569A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4406	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			27.91%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.40	4.0%	Quarterly Medicaid:			1.3798	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	11,957										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,957								11,957			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4406									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.63									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.63	\$0.00	\$22.39	\$36.58		\$47.56	\$17.03	\$6.83	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.27	\$80.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.27	\$80.63	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3798									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.90	\$111.25	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$23.41	\$6.09	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$256.31	\$117.34	\$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	\$179.41										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WRIGHTSVILLE MANOR HEALTH AND REHAB Prvdr ID: 00143602A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.81% Nurse Hrs per On-Site Day/Q: 2.99	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3698 Quarterly Medicaid: 1.4587	<u>PDPM Facility</u> 1.3698 1.4587	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Adjstmts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,128		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3698								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	\$23.12	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.53	\$86.90	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.53	\$86.90	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4587								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.39	\$126.76	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.80	\$3.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.60	\$7.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.99	\$134.26	\$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	\$172.42									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HERITAGE INN OF BARNESVILLE HEALTH AND REHAB				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143613A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4094	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			53.57%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.31	4.0%	Quarterly Medicaid:			1.3352	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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		26,069									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,935								26,069			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4094									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.50									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.50	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	\$18.53	\$1.39	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.79	\$78.50	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.79	\$78.50	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3352									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.81									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.11	\$104.81	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.76	\$5.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19									
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	\$28.58	\$10.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.69	\$115.29	\$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	\$154.19										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: TRADITIONS HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00143701A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.7213	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			39.82%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.28	5.0%	Quarterly Medicaid:			1.4497	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 40,357	FY21 Audited C/R Days	37,791										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,357	FY21 GL-PL Ins Rpt Days								37,791			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.7213									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.24									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.24	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	\$7.51	\$4.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.99	\$75.24	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	10.81 (FRV)	\$4.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.99	\$75.24	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4497									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.82	\$109.08	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$244.63	\$117.79	\$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	\$170.65										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - LILBURN				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00145527A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5514	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.88%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.89	5.0%	Quarterly Medicaid:			1.5292	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5514									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.69									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.69	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	\$5.79	\$2.02	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.04	\$76.69	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.04	\$76.69	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5292									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.27									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.62	\$117.27	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.86	\$5.86									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.42	\$9.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$255.04	\$126.59	\$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	\$178.46										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: QUINTON MEMORIAL HC & REHAB CENTER Prvdr ID: 00150279A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.95% Nurse Hrs per On-Site Day/Q: 5.59	<u>Facility Score</u> 0.00% 1.0% 2.0%	<u>Add-on Percent</u> 0.00% 1.0% 2.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2942 Quarterly Medicaid: 1.1185	<u>PDPM Facility</u> 1.2942 1.1185	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2942								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.66								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.66	\$0.00	\$26.64	\$23.44		\$48.30	\$2.08	\$10.77	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.90	\$102.66	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.90	\$102.66	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1185								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.06	\$114.83	\$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 ([Std - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
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	\$21.63	\$3.98	\$0.00	\$0.14	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.69	\$118.81	\$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	\$171.44									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: CHRISTIAN CITY REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00158034A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4212	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			32.80%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.54	5.0%	Quarterly Medicaid:			1.4073	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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	60,954										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 60,954								60,954			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4212									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.73									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.73	\$0.00	\$20.53	\$22.39		\$49.01	\$14.13	\$5.72	\$0.53	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.73	\$89.73	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.73	\$89.73	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4073									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.28	\$126.28	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.31	\$6.31									
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	\$10.63	\$10.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.91	\$136.28	\$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	\$185.18										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MANOR CARE REHABILITATION CENTER - DECATUR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00159266A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3945	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			12.50%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.76	3.0%	Quarterly Medicaid:			1.4964	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3945									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.46									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.46	\$0.00	\$21.14	\$20.52		\$44.46	\$0.82	\$3.67	\$4.74	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.21	\$95.46	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.21	\$95.46	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4964									
18	Qtrly Routine Svcs Model 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	\$237.60	\$142.85	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.29	\$4.29									
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	\$22.55	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.15	\$147.67	\$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	\$182.29										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HART CARE CENTER Prvdr ID: 00167857A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.29% Nurse Hrs per On-Site Day/Q: 3.39	<u>Facility Score</u> 0.00% 2.5% 3.0%	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2449 Quarterly Medicaid: 1.2802	<u>PDPM Facility</u> 1.2449 1.2802	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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	As Filed Days = 25,482	25,482									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,482								25,482		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2449								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.32								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.32	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	\$1.05	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.70	\$95.32	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.70	\$95.32	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2802								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.41	\$122.03	\$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 =	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.34	\$7.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$226.75	\$129.27	\$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	\$157.24									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PARKSIDE POST ACUTE AND REHABILITATION				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00169199A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4382	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			41.18%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.56	2.0%	Quarterly Medicaid:			1.4046	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 As Filed Days = 55,184	FY21 Audited C/R Days	55,184										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,184	FY21 GL-PL Ins Rpt Days								55,184			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4382									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.90									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.90	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	\$20.92	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.40	\$92.90	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.40	\$92.90	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4046									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.49									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.98	\$130.49	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.26	\$3.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$24.50	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$254.48	\$136.89	\$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	\$178.04										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: WOODSTOCK NURSING & REHAB CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00171212A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4954	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.14%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.38	3.0%	Quarterly Medicaid:			1.3922	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								47,934			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4954									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.63									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.63	\$0.00	\$18.74	\$18.88		\$37.51	\$0.36	\$25.58	\$1.58	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.73	\$81.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.73	\$81.63	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3922									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.75	\$113.65	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.81	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.56	\$118.73	\$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	\$154.10										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FAIRBURN HEALTH CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00173071A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3302	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.83%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.10	2.0%	Quarterly Medicaid:			1.4748	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$302,041)	\$0	\$0	\$0	(\$1,016)	(\$814)	(\$244,477)		(\$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										\$55,514	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,352,733	\$2,520,566	\$0	\$547,901	\$460,161	(\$814)	\$946,395	\$244,477	\$578,533	\$55,514	
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 Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.92	\$81.90	\$0.00	\$17.80	\$14.93	(with L&H)	\$30.75	\$7.94	\$18.80	\$1.80	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3302									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.57									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.57	\$0.00	\$17.80	\$14.93		\$30.75	\$7.94	\$18.80	\$1.80	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.17	\$61.57	\$0.00	\$17.80	\$14.93		\$30.75	\$7.94	9.38 (FRV)	\$1.80	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.17	\$61.57	\$0.00	\$17.80	\$14.93	\$0.00	\$30.75	\$7.94	\$9.38	\$1.80	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4748									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.80									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.41	\$90.80	\$0.00	\$17.80	\$14.93	\$0.00	\$30.75	\$7.94	\$9.38	\$1.80	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$21.36	\$3.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$194.77	\$94.06	\$0.00	\$18.02	\$15.34	\$0.00	\$48.22	\$7.94	\$9.38	\$1.80	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.25										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE OAKS - SCENIC VIEW SKILLED NURSING Prvdr ID: 00178307A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.94% Nurse Hrs per On-Site Day/Q 2.97	<u>Facility Score</u> 0.00% 1.0% 4.0%	<u>Add-on Percent</u> 0.00% 1.0% 4.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5220 Quarterly Medicaid: 1.3962	<u>PDPM Facility</u> 1.5220 1.3962	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5220								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.93								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.93	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	\$18.00	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.72	\$91.93	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.72	\$91.93	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3962								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.14	\$128.35	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.13	\$5.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.04	\$6.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.18	\$135.29	\$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	\$182.31									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - MARIETTA				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00202507A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5478	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			40.70%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.85	5.0%	Quarterly Medicaid:			1.3513	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	31,600										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,600								31,600			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5478									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	\$20.67	\$2.20	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.45	\$75.12	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.45	\$75.12	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3513									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.84	\$101.51	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$26.25	\$8.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$233.09	\$109.66	\$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	\$161.99										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: GORDON HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00202848A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3784	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			16.46%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.10	5.0%	Quarterly Medicaid:			1.3673	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3784									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.28									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.28	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	\$28.12	\$1.22	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.99	\$77.28	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.99	\$77.28	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3673									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.37	\$105.66	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.28	\$111.47	\$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	\$150.14										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FLORENCE HAND HOME				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00207083A				PDPM Per Diem Rate Effective Date: 10/1/2023			Growth Allowance: N/A		0.00%		Base Period Overall:			1.3071	1.4210
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			25.29%		1.0%		Quarterly Medicaid:			1.2956	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3071											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.19											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$115.19	\$0.00	\$37.95	\$77.61		\$207.25	\$2.11	\$39.28	\$0.00			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.48	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.48	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2956											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.56											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.41	\$135.56	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.07	\$4.07											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.53	\$5.43	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$283.94	\$140.99	\$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	\$200.13												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CHATSWORTH HEALTH CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00209778A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.8172	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			40.21%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.28	3.0%	Quarterly Medicaid:			1.6177	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,857,507	\$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 Adjstmtns	(\$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 Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.8172									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.75									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.75	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	\$39.64	\$5.64	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$45.75	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.45	\$45.75	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6177									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.71	\$74.01	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.85	\$1.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.70	\$4.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$174.41	\$78.61	\$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	\$117.98										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: HIGH SHOALS HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00212814A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.3267	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			33.33%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.04		6.0%		Quarterly Medicaid:			1.2421	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.3267</u>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.94													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.94	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	\$9.15	\$0.83					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.15	\$74.94	\$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	\$177.15	\$74.94	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$0.83					
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<u>1.2421</u>													
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.08													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.29	\$93.08	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see 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	\$2.33	\$2.33													
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.58	\$5.58													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.54	\$8.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.83	\$101.52	\$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	\$153.55														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - FORT OGLETHORPE				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00214695A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.1778	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.05%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.64		5.0%		Quarterly Medicaid:			1.3221	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,639,864	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1778											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.04											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.04	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	\$8.85	\$0.98			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.17	\$95.04	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.17	\$95.04	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3221											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.65											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.78	\$125.65	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.14	\$3.14											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.28	\$6.28											
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	\$28.05	\$9.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.83	\$135.60	\$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	\$175.30												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: UNIVERSITY EXTENDED CARE-WESTWOOD				<u>Add-on Data and Percentage</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00219359A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:				1.5399	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				30.49%	2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				5.14	3.0%	Quarterly Medicaid:				1.2970	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 36,264	FY21 Audited C/R Days	36,264												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,264	FY21 GL-PL Ins Rpt Days								36,264					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5399											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.72											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.72	\$0.00	\$28.46	\$26.53		\$13.18	\$4.96	\$9.59	\$0.28			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.74	\$68.72	\$0.00	\$26.82	\$26.53		\$13.18	\$4.96	16.25 (FRV)	\$0.28			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.74	\$68.72	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2970											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.13											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.15	\$89.13	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.43	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.46	\$94.56	\$0.00	\$26.82	\$26.94	\$0.00	\$30.65	\$4.96	\$16.25	\$0.28			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.52												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: COMER HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00220448A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2745	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			38.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.08	7.0%	Quarterly Medicaid:			1.2190	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2745									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.22									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.22	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	\$7.67	\$0.50	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.10	\$86.22	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.10	\$86.22	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2190									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.99	\$105.10	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.36	\$7.36									
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	\$28.62	\$10.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.61	\$115.62	\$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	\$156.38										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: GLENWOOD HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00220514A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3605	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			31.25%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.89	3.0%	Quarterly Medicaid:			1.4353	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	\$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	FY21 Audited C/R Days	66,608										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								66,608			
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3605									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.04									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.04	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	\$18.51	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.60	\$87.04	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.60	\$87.04	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4353									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.49	\$124.93	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.50	\$7.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.99	\$132.33	\$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	\$154.42										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: FOUNTAIN BLUE REHAB AND NURSING				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00222582A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3034	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			37.31%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.03	3.0%	Quarterly Medicaid:			1.4419	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,747			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3034									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.64									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.64	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	\$18.50	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.04	\$81.64	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.04	\$81.64	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4419									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.11	\$117.72	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$25.10	\$7.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.21	\$124.72	\$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	\$153.08										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: EATONTON HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00223473A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1754	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			16.00%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.23	5.0%	Quarterly Medicaid:			1.2466	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 21,448	FY21 Audited C/R Days	21,448										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,448	FY21 GL-PL Ins Rpt Days								21,448			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1754									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.29									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.29	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	\$17.97	\$1.30	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.10	\$85.29	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.10	\$85.29	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2466									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.13	\$106.32	\$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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$23.95	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.08	\$112.17	\$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	\$151.49										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: CHESTNUT RIDGE NSG & REHAB CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00228049A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4296	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			8.60%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.02	1.0%	Quarterly Medicaid:			1.3282	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$9,351,671	\$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 Adjstmtns	(\$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	41,405										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,405								41,405			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4296									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.90									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.90	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	\$26.09	\$0.76	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.37	\$88.90	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.37	\$88.90	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3282									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.55	\$118.08	\$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 ([Std - 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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.18	\$1.18									
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	\$19.57	\$1.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.23	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.12	\$119.79	\$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	\$151.52										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MANOR CARE REHABILITATION CENTER - MARIETTA				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00236211A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3554	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			9.09%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.73	3.0%	Quarterly Medicaid:			1.4086	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3554									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.78									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$119.78	\$0.00	\$26.12	\$21.12		\$62.29	\$0.77	\$7.67	\$2.09	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.99	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.99	\$104.63	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4086									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.74	\$147.38	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.42	\$4.42									
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	\$22.15	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$267.89	\$151.80	\$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	\$188.09										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - SAVANNAH				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00238323A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.5637	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			45.57%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.28		5.0%		Quarterly Medicaid:			1.3804	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$9,281,417	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5637											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.08											
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.08	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	\$22.29	\$3.11			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.70	\$81.08	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.70	\$81.08	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3804											
18	Qtrly Routine Svcs Model 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	\$233.54	\$111.92	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.16	\$6.16											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$30.39	\$12.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$263.93	\$124.21	\$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	\$185.12												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: RESORTS AT POOLER INC				Add-on Data and Percentag			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00238741A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4775	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			20.63%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.28	3.0%	Quarterly Medicaid:			1.2962	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 As Filed Days = 26,733	FY21 Audited C/R Days	26,733										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,733	FY21 GL-PL Ins Rpt Days								26,733			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$311.14	\$105.69	\$0.00	\$14.72	\$23.97	(with L&H)	\$26.98	\$7.20	\$130.18	\$2.40	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4775									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.54									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.54	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	\$130.18	\$2.40	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.81	\$71.54	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	8.00 (FRV)	\$2.40	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.81	\$71.54	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2962									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.00	\$92.73	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78									
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	\$22.34	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$198.34	\$96.97	\$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	\$135.93										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WINDERMERE HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00241678A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4944	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			37.14%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.47	1.0%	Quarterly Medicaid:			1.4560	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4944									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.28									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.28	\$0.00	\$20.50	\$18.23		\$45.24	\$7.77	\$63.38	\$2.16	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.55	\$83.28	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.55	\$83.28	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4560									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.52	\$121.26	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.21	\$1.21									
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	\$22.50	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.02	\$126.03	\$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	\$167.19										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - AUGUSTA HILLS				Add-on Data and Percentage				Facility Score	Add-on Percent	Facility Model (PDPM) Data				PDPM Facility	PDPM Statewide	
Prvdr ID: 00245055A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.4779	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				28.77%	1.0%							
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				3.13	4.0%	Quarterly Medicaid:				1.5042	1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g	g	h	i				
PDPM BASED RATE CALCULATIONS																
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%							
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%							
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,210,798	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4779												
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.01												
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.01	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	\$12.27	\$1.70				
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A					
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.54	\$73.01	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.54	\$73.01	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70				
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5042												
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.82												
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.35	\$109.82	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00					
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10												
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$24.12	\$6.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00				
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$243.47	\$115.84	\$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	\$169.78													

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - MAGNOLIA MANOR				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00252007A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.5303	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:		8.20%		0.0%									
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q		3.55		4.0%		Quarterly Medicaid:			1.4044			1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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	26,707														
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,707								26,707							
9	Net Per Diems prior to Model Adjstmnt 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 Model for All Residents	from 2 qtrs of FY21		1.5303													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.31													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.31	\$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		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.88	\$75.31	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.88	\$75.31	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4044													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.77													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.33	\$105.77	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23													
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	\$22.08	\$4.76	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.41	\$110.53	\$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	\$183.98														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - DECATUR				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00252942A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3470	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.13%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.39	5.0%	Quarterly Medicaid:			1.3837	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3470									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.81									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.81	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	\$13.69	\$1.43	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.64	\$90.81	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.64	\$90.81	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3837									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.48	\$125.65	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.28	\$6.28									
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	\$26.17	\$8.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$254.65	\$133.72	\$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	\$178.16										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - LAFAYETTE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00254394A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4121	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			21.92%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.70	5.0%	Quarterly Medicaid:			1.3570	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	As Filed Days = 26,283	26,283										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,283								26,283			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4121									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.33									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.33	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	\$12.82	\$1.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.25	\$71.33	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.25	\$71.33	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$1.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3570									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.79									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.72	\$96.79	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$24.44	\$6.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.16	\$103.13	\$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	\$150.80										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - WEST ATLANTA				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00256088A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5249	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			23.81%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.71	5.0%	Quarterly Medicaid:			1.5621	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5249									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.92									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.92	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	\$5.85	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.44	\$81.92	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.44	\$81.92	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5621									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.49	\$127.97	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.80	\$136.18	\$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	\$185.78										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BAINBRIDGE HEALTH AND REHAB				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00258915A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.3983	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			18.18%		0.0%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.77		3.0%		Quarterly Medicaid:			1.6609	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3983													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.07													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.07	\$0.00	\$17.38	\$17.72		\$52.96	\$1.07	\$34.83	\$1.09					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.16	\$55.07	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.16	\$55.07	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6609													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.47													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.56	\$91.47	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.00	\$3.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$195.56	\$94.74	\$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	\$133.85														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - COVINGTON Prvdr ID: 00265196A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.82% Nurse Hrs per On-Site Day/Q: 3.22	<u>Facility Score</u> 0.00% 1.0% 6.0%	<u>Add-on Percent</u> 0.00% 1.0% 6.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3659 Quarterly Medicaid: 1.4225	<u>PDPM Facility</u> 1.3659 1.4225	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3659								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.59								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.59	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	\$16.85	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.58	\$82.59	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.58	\$82.59	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4225								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.48	\$117.48	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	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	\$26.85	\$8.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$244.33	\$126.23	\$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	\$170.42									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LAGRANGE HEALTH AND REHAB Prvdr ID: 00270245A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.81% Nurse Hrs per On-Site Day/Q 3.11	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5972 Quarterly Medicaid: 1.3763	<u>PDPM Facility</u> 1.5972 1.3763	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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	26,582									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,582										
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5972								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.68								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.68	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	\$44.20	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.58	\$69.68	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.58	\$69.68	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3763								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.80	\$95.90	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.47	\$4.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$205.27	\$100.27	\$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	\$141.13									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LUMBER CITY NURSING & REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00270256A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2619	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			33.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.84	2.0%	Quarterly Medicaid:			1.3217	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2619									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.92									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.92	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	\$46.47	\$1.16	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.94	\$78.92	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.94	\$78.92	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3217									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.33	\$104.31	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.33	\$5.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.66	\$109.54	\$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	\$139.92										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WILLOWWOOD HEALTHCARE AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00271829A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4759	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			22.78%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.05	3.0%	Quarterly Medicaid:			1.3715	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 28,538	FY21 Audited C/R Days	28,538										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,538	FY21 GL-PL Ins Rpt Days								28,538			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4759									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.03	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	\$22.06	\$1.26	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.26	\$62.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.26	\$62.03	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3715									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.30	\$85.07	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.03	\$3.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$185.33	\$89.00	\$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	\$126.17										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CRESTVIEW HEALTH & REHAB CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00273567A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4475	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			32.64%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			1.72	2.0%	Quarterly Medicaid:			1.4519	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$290,759)	\$0	\$0	\$0	\$11,715	\$5,961	(\$134,798)		(\$173,637)		
	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										\$3,588	
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										
	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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4475									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.48									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.48	\$0.00	\$25.92	\$30.96		\$38.08	\$0.94	\$14.88	\$0.03	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.89	\$85.48	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.89	\$85.48	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4519									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.52	\$124.11	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.74	\$6.11	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.26	\$130.22	\$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	\$177.20										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: CRISP REGIONAL NSG & REHAB CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00274128A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6900	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.79%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			7.48	3.0%	Quarterly Medicaid:			1.5183	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6900									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.56									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.56	\$0.00	\$28.93	\$28.84		\$49.45	\$3.63	\$18.72	\$0.65	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.38	\$102.56	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.38	\$102.56	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5183									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.54	\$155.72	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.56	\$1.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.67	\$4.67									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.49	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$292.03	\$162.48	\$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	\$206.20										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THOMASVILLE HEALTH & REHAB, LLC				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00277604A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3257	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			41.38%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.40	3.0%	Quarterly Medicaid:			1.4686	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.3257</u>									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.90									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.90	\$0.00	\$23.27	\$20.80		\$37.72	\$0.00	\$27.77	\$1.29	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.72	\$71.90	\$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	\$164.72	\$71.90	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29	
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<u>1.4686</u>									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.41	\$105.59	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	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 Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.48	\$111.93	\$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	\$154.04										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: DELMAR GARDENS OF SMYRNA				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00296271A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4908	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			24.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.32	3.0%	Quarterly Medicaid:			1.4520	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4908									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.69									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.69	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	\$10.32	\$2.13	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.96	\$83.69	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.96	\$83.69	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4520									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.78	\$121.52	\$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 ([Stdnd - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.44	\$5.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.22	\$126.92	\$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	\$176.34										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: NHC HEALTHCARE FT OGLETHORPE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00344759A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2763	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.53%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.65	3.0%	Quarterly Medicaid:			1.3453	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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 Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.2763									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.11									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.11	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	\$7.22	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.65	\$90.11	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$90.11	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3453									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.77	\$121.22	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.48	\$5.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.25	\$126.60	\$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	\$164.36										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRESBYTERIAN VILLAGE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00362832A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4470	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			45.16%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			5.15	3.0%	Quarterly Medicaid:			1.5474	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$9,691,375	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4470									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$132.24									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$132.24	\$0.00	\$28.38	\$37.05		\$66.47	\$4.70	\$22.68	\$0.72	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.48	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.48	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5474									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$161.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$286.75	\$161.90	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.90	\$8.90									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.86	\$4.86									
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	\$13.76	\$13.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$300.51	\$175.66	\$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	\$225.38										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: CAMELLIA GARDENS OF LIFE CARE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00366341A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2743	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			23.81%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.13	5.0%	Quarterly Medicaid:			1.1236	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2743									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.63									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.63	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	\$6.19	\$2.13	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.66	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.66	\$104.63	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1236									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.59	\$117.56	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$25.16	\$7.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.75	\$124.62	\$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	\$164.74										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: QUIET OAKS HEALTH CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00370851A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			2.0248	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			69.57%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.47	5.0%	Quarterly Medicaid:			1.5541	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		2.0248									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.27									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.27	\$0.00	\$20.85	\$34.44		\$36.70	\$5.71	\$2.75	\$2.17	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.25	\$59.27	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.25	\$59.27	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5541									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.09	\$92.11	\$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 ([Std - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.07	\$5.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.61	\$4.61									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.69	\$10.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.78	\$102.32	\$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	\$160.26										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: WESTWOOD HEALTHCARE AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00370862A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5529	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			23.91%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.06	3.0%	Quarterly Medicaid:			1.2824	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,095,731	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5529									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.16									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.16	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	\$16.03	\$2.27	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.86	\$73.16	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.86	\$73.16	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2824									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.82									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.52	\$93.82	\$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 ([Stdnd - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.37	\$4.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.46	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$211.89	\$98.10	\$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	\$146.09										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LIFE CARE CENTER OF GWINNETT				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00370873A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3823	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.79	4.0%	Quarterly Medicaid:			1.4684	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,323,178	\$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 Adjstmtns	(\$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 As Filed Days = 22,099	FY21 Audited C/R Days	22,099										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,099	FY21 GL-PL Ins Rpt Days								22,099			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3823									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.41									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$103.41	\$0.00	\$30.66	\$36.20		\$50.09	\$7.33	\$14.33	\$4.57	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.06	\$103.41	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.06	\$103.41	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4684									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.85									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.50	\$151.85	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.52	\$1.52									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.07	\$6.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.22	\$8.12	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$297.72	\$159.97	\$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	\$210.47										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: DELMAR GARDENS OF GWINNETT				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00395161A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5003	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			13.89%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.56	3.0%	Quarterly Medicaid:			1.3661	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5003									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.76									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.76	\$0.00	\$45.50	\$41.36		\$52.37	\$3.26	\$21.82	\$6.72	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.10	\$86.76	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.10	\$86.76	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3661									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.87	\$118.52	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.19	\$4.09	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.06	\$122.61	\$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	\$179.97										

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

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:			1.4559	1.5740		
H/B ? : No				Case Mix Per Diem Rate Effective Date: 10/01/23		BIMS	0.0%	Quarterly Medicaid CMI:			1.3689	1.3765		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.02	5.0%	Qtrtrly Mcaid CMI w RUG Wght Options:			1.3967	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%														
FY 2020 Cost Rpt														
Patient Days														
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 0.000%														
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 = 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%														

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LAKE CROSSING HEALTH CENTER				<u>Add-on Data and Percentag</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00403939A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:				N/A	0.00%	Base Period Overall:			1.3338	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:				63.64%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q				no data	0.0%	Quarterly Medicaid:			1.3093	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>PDPM BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3338										
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.80										
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.80	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	\$53.19	\$1.60		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A			
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.49	\$63.80	\$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	\$151.49	\$63.80	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60		
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3093										
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.53										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.23	\$83.53	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$4.59	\$4.59										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	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	\$23.22	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$194.45	\$88.65	\$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	\$133.01											

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: TOWNSEND PARK HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00404995A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3200	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			51.16%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.60	5.0%	Quarterly Medicaid:			1.3477	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 32,134	FY21 Audited C/R Days	32,134										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,134	FY21 GL-PL Ins Rpt Days								32,134			
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3200									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.07									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.07	\$0.00	\$19.41	\$27.56		\$49.58	\$4.01	\$12.47	\$0.46	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.71	\$87.07	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.71	\$87.07	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3477									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.34									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.99	\$117.34	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.45	\$6.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$30.58	\$12.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.57	\$130.19	\$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	\$175.10										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: FOUR COUNTY HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00405292A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2793	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			52.73%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.31	5.0%	Quarterly Medicaid:			1.2769	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2793									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.89									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.89	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	\$20.80	\$1.56	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.66	\$88.89	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.66	\$88.89	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2769									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.27	\$113.50	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.24	\$6.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$30.55	\$12.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$239.82	\$125.95	\$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	\$167.04										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SOUTHLAND HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00409054A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3843	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			21.84%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.39	5.0%	Quarterly Medicaid:			1.3286	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$9,886,085	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3843									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.25									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.25	\$0.00	\$22.52	\$28.81		\$37.22	\$4.46	\$57.14	\$1.99	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.38	\$88.25	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.38	\$88.25	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3286									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.38	\$117.25	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.86	\$5.86									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.29	\$7.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.67	\$124.81	\$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	\$175.93										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - TOOMSBORO Prvdr ID: 00409494A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.08% Nurse Hrs per On-Site Day/Q 3.01	<u>Facility Score</u> 0.00% 1.0% 5.0%	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4514 Quarterly Medicaid: 1.3619	<u>PDPM Facility</u> 1.4514 1.3619	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,710,186	\$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 Adjstmts	(\$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	FY21 Audited C/R Days	18,484									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								18,484		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4514								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	\$11.42	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.01	\$68.42	\$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 =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.01	\$68.42	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3619								
18	Qtrly Routine Svcs Model 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	\$195.77	\$93.18	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.66	\$4.66								
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	\$24.22	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.99	\$99.30	\$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	\$152.17									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: CHERRY BLOSSOM HEALTH AND REHABILITATION Prvdr ID: 00413509A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.19% Nurse Hrs per On-Site Day/Q 3.35	<u>Facility Score</u> 0.00% 2.5% 5.0%	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3368 Quarterly Medicaid: 1.3340	<u>PDPM Facility</u> 1.3368 1.3340	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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	18,633									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,633								18,633		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3368								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.09								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.09	\$0.00	\$21.73	\$27.92		\$40.07	\$4.64	\$20.88	\$1.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.68	\$91.09	\$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	\$195.68	\$91.09	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.3340								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.11	\$121.51	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.08	\$6.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.38	\$9.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$253.49	\$131.16	\$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	\$177.29									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LEGACY HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00415522A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.1970	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			37.50%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.06		4.0%		Quarterly Medicaid:			1.2231	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$3,269,481	\$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 Adjstmts	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1970											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.01											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$124.01	\$0.00	\$24.58	\$30.61		\$46.89	\$4.15	\$15.00	\$0.68			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.53	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.53	\$104.63	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2231											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.97											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.87	\$127.97	\$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 ([Std - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.20	\$3.20											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.05	\$8.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$287.92	\$136.29	\$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	\$203.12												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FOUNTAINVIEW CTR FOR ALZHEIMER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00421429A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4987	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			84.21%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.20		3.0%		Quarterly Medicaid:			1.3021	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.4987</u>											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.82											
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.82	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	\$13.13	\$8.82			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.43	\$87.82	\$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	\$206.43	\$87.82	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82			
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		<u>1.3021</u>											
18	Qtrly Routine Svcs Model 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	\$232.96	\$114.35	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.29	\$6.29											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$28.35	\$10.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.31	\$124.60	\$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	\$183.16												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SANDY SPRINGS HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00426214A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3803	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.54%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.38		3.0%		Quarterly Medicaid:			1.3684	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3803											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.18											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.18	\$0.00	\$19.81	\$26.97		\$51.27	\$2.54	\$51.91	\$2.90			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.82	\$87.18	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.82	\$87.18	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3684											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.30											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.94	\$119.30	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.82	\$7.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.76	\$126.39	\$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	\$171.50												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: TAYLOR COUNTY HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide		
Prvdr ID: 00432924A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.2969	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			38.71%		2.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.08		6.0%		Quarterly Medicaid:			1.4231	1.4021		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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	21,384														
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,384								21,384							
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2969													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.82													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.82	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	\$20.30	\$2.00					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.06	\$82.82	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.06	\$82.82	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4231													
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.86													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.10	\$117.86	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00						
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.07	\$7.07													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.65	\$10.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.75	\$128.41	\$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	\$169.24														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HILL HAVEN NURSING HOME Prvdr ID: 00448456A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 55.17% Nurse Hrs per On-Site Day/Q: 4.15	<u>Facility Score</u> 0.00% 5.5% 3.0%	<u>Add-on Percent</u> 0.00% 5.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2836 Quarterly Medicaid: 1.3607	<u>PDPM Facility</u> 1.2836 1.3607	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$3,907,188	\$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 As Filed Days = 20,236	FY21 Audited C/R Days	20,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,236	FY21 GL-PL Ins Rpt Days								20,236		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2836								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.84								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.84	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	\$16.14	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.17	\$80.84	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.17	\$80.84	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3607								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.33	\$110.00	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.05	\$6.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$27.98	\$9.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.31	\$119.88	\$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	\$153.91									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: A.G. RHODES HOME, INC - COBB				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: 00493292A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.5435		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			45.07%		5.5%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.24		5.0%		Quarterly Medicaid:			1.4299		1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 32,781	FY21 Audited C/R Days	32,781														
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,781	FY21 GL-PL Ins Rpt Days								32,781							
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		<u>1.5435</u>													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$116.67													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$116.67	\$0.00	\$35.77	\$37.67		\$61.09	\$5.25	\$9.67	\$1.35					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.57	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.57	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4299</u>													
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.61													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.55	\$149.61	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00						
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.23	\$8.23													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.48	\$7.48													
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	\$32.81	\$15.71	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$301.36	\$165.32	\$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	\$213.20														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: CAMBRIDGE POST ACUTE CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00494139A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5400	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.74%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.20	3.0%	Quarterly Medicaid:			1.4853	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 Adjstmtns	(\$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 Model Adjstmrnt 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 Model for All Residents	from 2 qtrs of FY21		1.5400									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.70									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.70	\$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		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.75	\$66.70	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.75	\$66.70	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4853									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.12	\$99.07	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.08	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$215.20	\$105.05	\$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	\$148.58										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: POWDER SPRINGS CENTER FOR NURSING & HEALING				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00530824A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4568	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			26.42%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.32	3.0%	Quarterly Medicaid:			1.5355	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,671,176	\$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 Adjstmtns	(\$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 Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4568									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.41									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.41	\$0.00	\$18.80	\$18.21		\$42.17	\$12.01	\$17.86	\$1.70	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.26	\$78.41	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.26	\$78.41	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5355									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.25	\$120.40	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.07	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$244.32	\$125.74	\$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	\$170.42										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: JONESBORO NURSING AND REHABILITATION CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide				
Prvdr ID: 00531033A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3066		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			16.50%			0.0%										
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.46			2.0%		Quarterly Medicaid:			1.3177		1.4021			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance								
			a	b	c	d	e	f	g	g	h	i								
PDPM BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstrmts	(\$97,735)	(\$39,860)	\$0	(\$1,500)	(\$3,384)	(\$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	\$7,504,072	\$4,094,084	\$0	\$602,527	\$544,205	(\$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 Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.48	\$100.65	\$0.00	\$14.81	\$13.35	(with L&H)	\$36.78	\$0.00	\$16.78	\$2.11								
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3066																
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.03																
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.03	\$0.00	\$14.81	\$13.35		\$36.78	\$0.00	\$16.78	\$2.11								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A									
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.45	\$77.03	\$0.00	\$14.81	\$13.35		\$36.78	\$0.00	13.37 (FRV)	\$2.11								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.45	\$77.03	\$0.00	\$14.81	\$13.35	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11								
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3177																
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.50																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.92	\$101.50	\$0.00	\$14.81	\$13.35	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ([Stdnd - 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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.39	\$2.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00								
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.31	\$104.06	\$0.00	\$15.03	\$13.76	\$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	\$138.91																	

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: MAPLE RIDGE HEALTH CARE CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00534619A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3685	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			47.50%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.28	3.0%	Quarterly Medicaid:			1.3220	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$226,151)	\$0	\$0	\$0	(\$6,831)	(\$6,370)	(\$153,798)		(\$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										\$57,429	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,595,392	\$2,253,227	\$0	\$551,955	\$446,381	(\$6,370)	\$830,764	\$153,798	\$1,308,208	\$57,429	
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 Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.60	\$94.87	\$0.00	\$23.24	\$18.53	(with L&H)	\$34.98	\$6.48	\$55.08	\$2.42	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3685									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.32									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.32	\$0.00	\$23.24	\$18.53		\$34.98	\$6.48	\$55.08	\$2.42	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.16	\$69.32	\$0.00	\$23.24	\$18.53		\$34.98	\$6.48	14.19 (FRV)	\$2.42	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.16	\$69.32	\$0.00	\$23.24	\$18.53	\$0.00	\$34.98	\$6.48	\$14.19	\$2.42	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3220									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.48	\$91.64	\$0.00	\$23.24	\$18.53	\$0.00	\$34.98	\$6.48	\$14.19	\$2.42	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.04	\$5.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.42	\$8.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.90	\$99.96	\$0.00	\$23.46	\$18.94	\$0.00	\$52.45	\$6.48	\$14.19	\$2.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.60										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ROSEMONT AT STONE MOUNTAIN				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00587331A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4160	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			68.85%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.99	3.0%	Quarterly Medicaid:			1.5760	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4160									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.80									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.80	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	\$35.11	\$8.64	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.98	\$74.80	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.98	\$74.80	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5760									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.06	\$117.88	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.48	\$6.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$28.65	\$10.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$231.71	\$128.43	\$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	\$160.96										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BAYVIEW NURSING HOME				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00624951A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3422	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			47.50%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.42	5.0%	Quarterly Medicaid:			1.4128	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,327											
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3422									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.56									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.56	\$0.00	\$26.78	\$34.70		\$31.37	\$3.46	\$37.06	\$3.32	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.34	\$95.56	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.34	\$95.56	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4128									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.79	\$135.01	\$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 ([Std - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.43	\$7.43									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.75	\$6.75									
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	\$32.21	\$14.71	\$0.00	\$0.03	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$301.00	\$149.72	\$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	\$212.93										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BRIARWOOD HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00706813A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5085	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			40.00%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.48	3.0%	Quarterly Medicaid:			1.4258	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5085									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.97									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.97	\$0.00	\$18.61	\$18.85		\$38.78	\$0.22	\$43.57	\$4.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.97	\$90.97	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.97	\$90.97	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4258									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.70	\$129.71	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89									
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	\$25.39	\$7.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.09	\$137.37	\$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	\$170.99										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LEE COUNTY HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00712665A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4029	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			29.17%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.65	5.0%	Quarterly Medicaid:			1.3748	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,605								17,605			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4029									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.47									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.47	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	\$23.73	\$2.34	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.02	\$80.47	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.02	\$80.47	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3748									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.18	\$110.63	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.53	\$5.53									
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	\$25.27	\$7.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$243.45	\$117.80	\$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	\$169.76										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BRYAN COUNTY HLTH & REHAB CTR				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00715569A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.6879	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			52.00%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.58	5.0%	Quarterly Medicaid:			1.6208	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,152,128	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.6879									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.42									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.42	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	\$12.86	\$4.59	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.34	\$78.42	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.34	\$78.42	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6208									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.02	\$127.10	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.99	\$6.99									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.36	\$6.36									
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	\$31.98	\$13.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$266.00	\$140.98	\$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	\$186.68										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THUNDERBOLT TRANSITIONAL CARE & REHAB CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00727801A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3672	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			22.22%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.92	1.0%	Quarterly Medicaid:			1.3254	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,802,791	\$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 Adjstrmts	(\$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 Model Adjstrmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3672									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.46									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.46	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	\$0.65	\$6.77	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.14	\$77.46	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.14	\$77.46	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3254									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.34	\$102.67	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.03	\$1.03									
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	\$20.69	\$2.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$231.03	\$105.26	\$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	\$160.45										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: DUNWOODY HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00815295A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5474	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			17.24%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.95	3.0%	Quarterly Medicaid:			1.4897	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5474									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.00									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.00	\$0.00	\$22.26	\$35.74		\$56.11	\$1.20	\$80.60	\$2.99	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.96	\$97.00	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.96	\$97.00	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4897									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.46	\$144.50	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.19	\$4.87	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$278.65	\$149.37	\$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	\$196.16										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 000815493B PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3106	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			48.00%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.89	3.0%	Quarterly Medicaid:			1.4160	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,088,976	\$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 Adjstmtns	(\$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 As Filed Days = 11,163	FY21 Audited C/R Days	11,163										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,163	FY21 GL-PL Ins Rpt Days								11,163			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3106									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.53									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$115.53	\$0.00	\$28.96	\$33.45		\$46.59	\$0.80	\$13.81	\$1.69	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.59	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$226.59	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4160									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.12	\$148.16	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.15	\$8.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.69	\$12.59	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$299.81	\$160.75	\$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	\$212.03										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: LIFE CARE CTR OF LAWRENCEVILLE Prvdr ID: 00818914A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.28% Nurse Hrs per On-Site Day/Q: 4.08	<u>Facility Score</u> 0.00% 1.0% 2.0%	<u>Add-on Percent</u> 0.00% 1.0% 2.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2984 Quarterly Medicaid: 1.5011	<u>PDPM Facility</u> 1.2984 1.5011	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2984								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.50								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$119.50	\$0.00	\$28.74	\$28.45		\$47.75	\$5.29	\$15.53	\$7.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.89	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.89	\$104.63	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5011								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$278.32	\$157.06	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.57	\$1.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$22.22	\$4.71	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$300.54	\$161.77	\$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	\$212.58									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SENIOR CARE CENTER - BRUNSWICK				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 000830827B PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3319	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.00%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.33	3.0%	Quarterly Medicaid:			1.3639	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3319									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$168.89									
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$168.89	\$0.00	\$26.26	\$22.44		\$58.42	\$5.97	\$27.29	\$0.59	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.83	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.83	\$104.63	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3639									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.91	\$142.70	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.28	\$4.28									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.34	\$5.71	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$256.25	\$148.41	\$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	\$192.19										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ROSELANE HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00831751A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4614	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			19.32%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.39	2.0%	Quarterly Medicaid:			1.5124	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4614									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.58									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.58	\$0.00	\$16.51	\$18.60		\$41.65	\$1.53	\$42.19	\$2.35	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.08	\$95.58	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.08	\$95.58	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5124									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.05	\$144.56	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.15	\$3.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$255.20	\$147.98	\$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	\$178.58										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: REGENCY PARK HEALTH AND REHABILITATION Prvdr ID: 00837207A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.00% Nurse Hrs per On-Site Day/Q: 6.83	<u>Facility Score</u> 0.00% 1.0% 3.0%	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2638 Quarterly Medicaid: 1.1571	<u>PDPM Facility</u> 1.2638 1.1571	<u>PDPM Statewide</u> 1.4210 1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</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	<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	\$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 As Filed Days = 24,681	FY21 Audited C/R Days	24,681									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,681	FY21 GL-PL Ins Rpt Days								24,681		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$303.40	\$165.86	\$0.00	\$29.53	\$26.93	(with L&H)	\$62.46	\$2.07	\$16.13	\$0.42
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2638								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$131.24								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$131.24	\$0.00	\$29.53	\$26.93		\$62.46	\$2.07	\$16.13	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.20	\$104.63	\$0.00	\$26.82	\$26.93		\$36.91	\$2.07	20.42 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.20	\$104.63	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1571								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.63	\$121.07	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
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	\$22.35	\$4.84	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$256.98	\$125.91	\$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	\$179.91									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ROCKDALE HEALTHCARE CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00838252A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.5987	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			23.21%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.83		3.0%		Quarterly Medicaid:			1.4423	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	As Filed Days = 32,552													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,552													
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5987											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.32											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.32	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	\$58.12	\$3.80			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.73	\$82.32	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	13.46 (FRV)	\$3.80			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.73	\$82.32	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4423											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.73											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.14	\$118.73	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.52	\$124.01	\$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	\$167.57												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: COASTAL MANOR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00856028A				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3253	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			48.57%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.98	3.0%	Quarterly Medicaid:			1.5622	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 As Filed Days = 35,920	FY21 Audited C/R Days	35,920										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,920	FY21 GL-PL Ins Rpt Days								35,920			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3253									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.65									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.65	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	\$12.72	\$0.75	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.89	\$72.65	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.89	\$72.65	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5622									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.49									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.73	\$113.49	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.24	\$6.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.27	\$10.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.00	\$123.66	\$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	\$174.68										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.
For informational use only.

Provider: CANDLER SKILLED NURSING UNIT				Add-on Data and Percentage			Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00870911A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4125	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			0.00%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			9.19	0.0%	Quarterly Medicaid:			1.3300	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4125									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$208.59									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$208.59	\$0.00	\$21.95	\$67.25		\$124.28	\$0.51	\$95.61	\$2.58	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.29	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.29	\$104.63	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3300									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.81	\$139.16	\$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 ([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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$263.13	\$139.16	\$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	\$184.52										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: LAUREL PARK AT HENRY MED CTR				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00908553A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4897	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			15.52%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.53	6.0%	Quarterly Medicaid:			1.4833	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$6,734,441	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4897									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.14									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.14	\$0.00	\$22.82	\$33.91		\$41.42	\$15.04	\$6.80	\$0.61	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.92	\$96.14	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.92	\$96.14	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4833									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.39	\$142.60	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.56	\$8.56									
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	\$26.41	\$9.09	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$297.80	\$151.69	\$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	\$210.53										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ATRIUM HEALTH NAVICENT BALDWIN				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide			
Prvdr ID: 00947658A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A		0.00%		Base Period Overall:			1.2333		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			0.00%		0.0%										
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.47		0.0%		Quarterly Medicaid:			1.4021		1.4021			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance							
			a	b	c	d	e	f	g	g	h	i							
<u>PDPM BASED RATE CALCULATIONS</u>																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2333															
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$344.00															
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$344.00	\$0.00	\$40.62	\$52.98		\$91.79	\$23.74	\$37.83	\$0.00							
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A								
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$255.29	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$255.29	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00							
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4021															
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.70															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$297.36	\$146.70	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00								
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00															
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$314.46	\$146.70	\$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	\$223.02																

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ZEBULON PARK HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 003125041B PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4144	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			35.48%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.24		4.0%		Quarterly Medicaid:			1.4674	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmrnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4144											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.48											
12	Net Per Diems after Model Adjstmrnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.48	\$0.00	\$20.08	\$25.92		\$40.17	\$3.47	\$30.31	\$0.99			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.21	\$86.48	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.21	\$86.48	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4674											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.90											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.63	\$126.90	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$26.51	\$8.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$275.14	\$135.68	\$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	\$193.53												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ANSLEY PARK HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 003136416A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4704	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			6.06%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.94	5.0%	Quarterly Medicaid:			1.3594	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4704									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.62									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.62	\$0.00	\$24.86	\$29.80		\$53.88	\$4.18	\$21.66	\$1.21	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$232.82	\$99.62	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$232.82	\$99.62	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3594									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.62	\$135.42	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.77	\$6.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.03	\$7.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$293.65	\$142.72	\$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	\$207.41										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: STEVENS PARK HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 003143404A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4505	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			10.71%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.70	3.0%	Quarterly Medicaid:			1.2457	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 Adjstmts	(\$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	FY21 Audited C/R Days	11,618										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								11,618			
9	Net Per Diems prior to Model 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 Model for All Residents	from 2 qtrs of FY21		1.4505									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.03									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.03	\$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		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.85	\$90.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.85	\$90.03	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2457									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.97	\$112.15	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.40	\$3.89	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$265.37	\$116.04	\$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	\$186.20										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: CHELSEY PARK HEALTH AND REHABILITATION				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 003165720A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3337	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			10.26%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.19	5.0%	Quarterly Medicaid:			1.3421	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmtns	(\$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	FY21 Audited C/R Days	17,426										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								17,426			
9	Net Per Diems prior to Model Adjstmnt to Routine Srvcs	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 Model for All Residents	from 2 qtrs of FY21		1.3337									
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.12									
12	Net Per Diems after Model Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.12	\$0.00	\$24.45	\$27.36		\$41.61	\$3.58	\$24.46	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.99	\$91.12	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.99	\$91.12	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3421									
18	Qtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.16	\$122.29	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.11	\$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	\$24.37	\$6.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$275.53	\$128.93	\$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	\$193.82										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: HARRINGTON PARK HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 003165726A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.5225	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			36.36%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.31		5.0%		Quarterly Medicaid:			1.3255	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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	FY21 Audited C/R Days	15,611												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								15,611					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5225											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.74											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.74	\$0.00	\$27.84	\$29.14		\$56.54	\$3.86	\$26.51	\$1.63			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.77	\$84.74	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.77	\$84.74	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3255											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.32											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.36	\$112.32	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.62	\$5.62											
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	\$26.47	\$8.96	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$273.83	\$121.28	\$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	\$192.55												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BUDD TERRACE AT WESLEY WOODS				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 003167547A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3828	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			23.94%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			4.57		3.0%		Quarterly Medicaid:			1.4177	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3828											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$157.71											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$157.71	\$0.00	\$39.02	\$48.15		\$25.68	\$0.34	\$11.32	\$0.00			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.87	\$104.63	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.87	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4177											
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.33											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.57	\$148.33	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.40	\$5.93	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.97	\$154.26	\$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	\$191.90												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MEADOWS PARK HEALTH AND REHABILITATION				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 003167911A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.4435	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			21.74%		1.0%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.91		5.0%		Quarterly Medicaid:			1.3213	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$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 As Filed Days = 20,663	FY21 Audited C/R Days	20,663												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,663	FY21 GL-PL Ins Rpt Days								20,663					
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.4435											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.87											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.87	\$0.00	\$21.55	\$25.24		\$44.07	\$3.77	\$20.67	\$1.18			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.00	\$97.87	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.00	\$97.87	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3213											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.32											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.45	\$129.32	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.47	\$6.47											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.02	\$8.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.47	\$137.61	\$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	\$193.03												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ROCKMART HEALTH				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 003182988A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.1556	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			17.78%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.59	5.0%	Quarterly Medicaid:			1.2384	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$3,260,534	\$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 Adjstmts	(\$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 Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.1556									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.57									
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.57	\$0.00	\$26.69	\$28.80		\$38.45	\$4.44	\$14.54	\$1.57	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.23	\$104.57	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.23	\$104.57	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2384									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.16	\$129.50	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.56	\$0.05	\$0.00	\$0.10	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.47	\$6.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.52	\$0.00	\$0.10	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.29	\$136.02	\$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	\$183.14										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 003185378A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5337	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			34.62%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.31	3.0%	Quarterly Medicaid:			1.5132	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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	34,987										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,987								34,987			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5337									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.14									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.14	\$0.00	\$19.39	\$21.98		\$39.13	\$3.39	\$25.14	\$1.31	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.55	\$91.14	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.55	\$91.14	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5132									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.32	\$137.91	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.45	\$3.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.14	\$4.14									
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	\$25.85	\$8.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.17	\$146.03	\$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	\$183.80										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ARCHWAY TRANSITIONAL CARE CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 003185502A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3369	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			66.27%		5.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.85		4.0%		Quarterly Medicaid:			1.3301	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 As Filed Days = 28,626	FY21 Audited C/R Days	28,882												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,626	FY21 GL-PL Ins Rpt Days								28,882					
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3369											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.21											
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.21	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	\$28.92	\$2.37			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.20	\$95.21	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.20	\$95.21	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3301											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.64											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.63	\$126.64	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.97	\$6.97											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.07	\$5.07											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.67	\$12.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$267.30	\$139.21	\$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	\$187.65												

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: OCEANSIDE HEALTH AND REHAB				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 003188970A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3607	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			25.81%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.56	3.0%	Quarterly Medicaid:			1.2489	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmts	(\$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 As Filed Days = 23,106	FY21 Audited C/R Days	23,106										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,106	FY21 GL-PL Ins Rpt Days								23,106			
9	Net Per Diems prior to Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3607									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.03									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.03	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	\$27.44	\$4.62	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.66	\$78.03	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.66	\$78.03	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2489									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.08	\$97.45	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.52	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.60	\$101.87	\$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	\$154.13										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BOSTICK NURSING CENTER				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility		PDPM Statewide	
Prvdr ID: 003192286A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.0717		1.4210	
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			17.16%		0.0%								
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.23		2.0%		Quarterly Medicaid:			1.0706		1.4021	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance					
			a	b	c	d	e	f	g	g	h	i					
<u>PDPM BASED RATE CALCULATIONS</u>																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.20	\$101.06	\$0.00	\$25.09	\$25.90	(with L&H)	\$17.01	\$1.06	\$19.35	\$3.73					
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.0717													
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.30													
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$94.30	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	\$19.35	\$3.73					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A						
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.00	\$94.30	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	19.91 (FRV)	\$3.73					
Quarterly Per Diem Rate Prior to Add-ons																	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.00	\$94.30	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73					
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.0706													
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.96													
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.66	\$100.96	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00						
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00													
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02													
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.65	\$2.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.31	\$103.51	\$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	\$147.91														

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: GLEN EAGLE HEALTHCARE AND REHAB				Add-on Data and Percentage			Facility Score		Add-on Percent		Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 003214231A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A		0.00%		Base Period Overall:			1.3178	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			38.60%		2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			3.06		3.0%		Quarterly Medicaid:			1.2044	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>PDPM BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(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	<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	\$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 Adjstmtns	(\$179,937)	(\$1,482)	\$0	\$0	(\$693)	\$631	(\$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	\$2,479,174	\$0	\$415,788	\$414,912	\$631	\$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 Model Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.92	\$113.44	\$0.00	\$19.02	\$19.01	(with L&H)	\$17.85	\$6.43	\$20.55	\$1.62			
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3178											
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.08											
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.08	\$0.00	\$19.02	\$19.01		\$17.85	\$6.43	\$20.55	\$1.62			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A				
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.47	\$86.08	\$0.00	\$19.02	\$19.01		\$17.85	\$6.43	10.46 (FRV)	\$1.62			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.47	\$86.08	\$0.00	\$19.02	\$19.01	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62			
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2044											
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.67											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.07	\$103.67	\$0.00	\$19.02	\$19.01	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.33	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.40	\$109.90	\$0.00	\$19.24	\$19.42	\$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	\$138.98												

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: MeSun Health and Rehabilitation Center Prvdr ID: 003245344A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 50.0% MDS & Nurse Hrs Data per Quarter Ending: 06/30/23 Nurse Hours per On-Site Day/Quality Incentive: 5.25		Facility Score N/A 50.0% 5.25	Add-on Percent 0.00% 5.5% 0.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6257 Quarterly Medicaid CMI: 1.3538 Qtrly Mcaid CMI w RUG Wght Options: 1.3800			Facility Specific 1.6257 1.3538 1.3800	State-wide 1.5751 1.5195 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								\$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										
<u>Allowed @ 90% of Std</u>			\$211.77	\$104.63		\$24.14	\$26.82		\$36.91		\$30.29	\$0.00
Growth Allowance 0.00%			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00		\$30.29	\$0.00
CMA Allowed Per Diem (After Growth Allowance)			\$211.77	\$94.17		\$24.14	\$29.95		\$33.22			
Quarterly Facility Case Mix Index for Medicaid Residents				1.3800								
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$129.95							(FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem			\$251.74	\$129.95		\$24.14	\$29.95		\$33.22			
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% to Routine Svcs)			\$7.15	\$7.15								
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			\$24.25									
Quarterly Case Mix Based Per Diem Rate			\$275.99	\$137.10		\$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%		\$194.17										

PDPM Shadow Rate. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: PruittHealth - Rome Prvdr ID: 299031876A H/B ?: No				PDPM Shadow Rate For informational use only. This is NOT your rate		<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 31.2% Nurse Hours per On-Site Day/Quality Incentive: 4.13		Facility Score 0.00% 2.5% 5.0%		<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3871 Quarterly Medicaid CMI: 1.3980 Qtrly Mcaid CMI w RUG Wght Options: 1.4257		Facility Specific 1.3871 1.5195 1.5463		State-wide 1.5751 1.5195 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	\$104.63		\$26.82	\$33.28		\$36.91		\$28.49	\$1.31			
<u>Allowed @ 95% of Std</u>				\$221.36	\$99.40	\$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)				\$227.59	\$99.40	\$25.48	\$31.62		\$35.06	\$ 6.23	\$28.49	\$1.31			
Quarterly Facility Case Mix Index for Medicaid Residents					1.4257						(FRV Rate)				
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$141.71											
Quarterly Medicaid CMA Allowed Per Diem				\$267.86	\$141.71	\$25.48	\$31.62		\$35.06	\$ 4.19	\$28.49	\$1.31			
Quarterly Per Diem Add-On Amounts															
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$3.54	\$3.54										
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%				\$7.09	\$7.09										
Nursing Home Provider Fee				\$17.10					17.10						
Total Quarterly Per Diem Add-On Amounts				\$27.73											
Quarterly Case Mix Based Per Diem Rate				\$295.59	\$152.34		\$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%			\$208.87												

PDPM Shadow Rate. This is not your rate.

* 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.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: RELIABLE HEALTH & REHAB AT LAKEWOOD				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 321026473A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.3537	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			28.79%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.42	2.0%	Quarterly Medicaid:			1.3650	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,111											
9	Net Per Diems prior to Model Adjstmtn to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.3537									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.27									
12	Net Per Diems after Model Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$101.27	\$0.00	\$20.46	\$35.71		\$47.04	\$5.75	\$23.24	\$3.46	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.01	\$101.27	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$213.01	\$101.27	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3650									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.97	\$138.23	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.99	\$4.67	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.96	\$142.90	\$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	\$191.15										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: GLENWOOD HEALTHCARE				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 701562744A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.2085	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			38.89%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.78	3.0%	Quarterly Medicaid:			1.3192	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Adjstmtns	(\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.2085									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.46									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.46	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	\$22.95	\$1.60	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.66	\$75.46	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.66	\$75.46	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3192									
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.75	\$99.55	\$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 ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$204.86	\$105.56	\$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	\$140.82										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: EVERGREEN HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentage</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 835154999A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:			N/A	0.00%	Base Period Overall:			1.5628	1.4210
PDPM Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score:			47.69%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hrs per On-Site Day/Q			2.97	4.0%	Quarterly Medicaid:			1.4680	1.4021
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(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: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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	\$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 Model Adjstmnt to Routine Svcs	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 Model for All Residents	from 2 qtrs of FY21		1.5628									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01									
12	Net Per Diems after Model Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	\$8.38	\$0.75	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.40	\$59.01	\$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 = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$59.01	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4680									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.02	\$86.63	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.76	\$4.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.86	\$8.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$194.88	\$95.39	\$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	\$133.34										

PDPM Shadow Rates. This is not your rate.