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

FINAL

Provider: **Quiet Oaks Health Care Center**
Prvdr ID: **00370851A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	41.7%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.99	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2112	1.3617
Quarterly Medicaid CMI:	1.3172	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3410	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,924,434	$1,412,018	$0	$363,070	$250,246	$301,794	$458,107	$76,642	$62,557	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($66,033)	($1,698)	$0	($1,501)	($2,268)	$1,578	($61,577)		($32,836)	$32,269
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,858,401	$1,410,320	$0	$361,569	$247,978	$303,372	$396,530	$76,642	$29,721	$32,269
8	Total Nursing Facility Days As Filed Days = 22,301	FY12 Audited C/R Days	22,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,006	FY 18 GL-PL Ins Rpt Days								22,006		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$128.21	$63.24	$0.00	$16.21	$24.72	*(with L&H)*	$17.78	$3.48	$1.33	$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2112**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$52.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$52.21	$0.00	$16.21	$24.72		$17.78	$3.48	$1.33	$1.45
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$124.08	$52.21	$0.00	$16.21	$23.09		$17.78	$3.48	9.86 *(FRV)*	$1.45
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.62	$6.98	$0.00	$2.17	$3.09	$0.00	$2.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$138.70	$59.19	$0.00	$18.38	$26.18	$0.00	$20.16	$3.48	$9.86	$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3410**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$79.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$158.88	$79.37	$0.00	$18.38	$26.18	$0.00	$20.16	$3.48	$9.86	$1.45
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.98	$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.59	$1.59								
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	$21.79	$4.10	$0.00	$0.22	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$180.67**	**$83.47**	**$0.00**	**$18.60**	**$26.18**	**$0.00**	**$37.63**	**$3.48**	**$9.86**	**$1.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$122.68**									

					Facility Score	Add-on Percent		Facility Specific	State-wide
Provider: Quinton Memorial Health Care			Add-on Data and Percentages	Growth Allowance:	N/A	13.37%	Case Mix Index (CMI) Data	Base Period Overall CMI:	1.2702	1.3617
Prvdr ID: 00150279A				BIMS:	19.2%	0.0%		Quarterly Medicaid CMI:	1.4485	1.5138
H/B ?: No	Case Mix Per Diem Rate Effective Date:	10/01/20								
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:		3.54	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:		1.4732	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*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 12,007		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								41,659		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$19.72	$0.09
	Allowed @ 95% of Std		$146.70	$67.93		$17.49	$21.94		$19.53		$19.72	$0.09
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$163.96	$77.01		$19.83	$24.87		$22.14	$ 0.29	$19.72	$0.09
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4732							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$113.45								
	Quarterly Medicaid CMA Allowed Per Diem		$200.40	$113.45		$19.83	$24.87		$22.14	$0.29	$19.72	$0.09
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Srvs)		$0.00	$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.40	$3.40								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$20.50									
	Quarterly Case Mix Based Per Diem Rate		**$220.90**	**$116.86**		**$19.83**	**$24.87**		**$39.24**	**$0.29**	**$19.72**	**$0.09**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$152.85**										

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

FINAL

Provider: **Regency Park Health Care**
Prvdr ID: **00837207A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	5.0%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.63	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4547	1.3617
Quarterly Medicaid CMI:	1.4245	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.4499	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,119,462	$3,567,704	$0	$675,301	$331,978	$411,925	$644,456	$10,006	$478,092	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($16,132)	($1,606)	$0	($2,389)	$0	$0	($14,526)		($486)	$2,875
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,103,330	$3,566,098	$0	$672,912	$331,978	$411,925	$629,930	$10,006	$477,606	$2,875
8	Total Nursing Facility Days As Filed Days = 34,984	FY12 Audited C/R Days	34,984									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL Ins Rpt Days								33,329		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$174.47	$101.94	$0.00	$19.23	$21.26	*(with L&H)*	$18.01	$0.30	$13.65	$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4547								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$70.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$70.08	$0.00	$19.23	$21.26		$18.01	$0.30	$13.65	$0.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$148.61	$70.08	$0.00	$18.41	$21.26		$18.01	$0.30	20.47 *(FRV)*	$0.08
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$17.08	$9.37	$0.00	$2.46	$2.84	$0.00	$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$165.69	$79.45	$0.00	$20.87	$24.10	$0.00	$20.42	$0.30	$20.47	$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4499								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$115.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$201.43	$115.19	$0.00	$20.87	$24.10	$0.00	$20.42	$0.30	$20.47	$0.08
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.31	$0.53	$0.00	$0.00	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.46	$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.87	$3.99	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$223.30**	**$119.18**	**$0.00**	**$20.87**	**$24.51**	**$0.00**	**$37.89**	**$0.30**	**$20.47**	**$0.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$154.65**									

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

FINAL

Provider: **Rehabilitation Center of South Georgia**
Prvdr ID: **00143283A**
Case Mix Per Diem Rate Effective Date: **10/01/20**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	40.5%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.42	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1416	1.3699
Quarterly Medicaid CMI:	1.5532	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5804	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	$4,670,969	$2,545,880	$0	$515,909	$489,792	$206,199	$687,593	$87,638	$137,958	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	($66,287)	$0	$0	$0	$0	$0	($66,287)		($36,614)	$36,614
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	$4,604,682	$2,545,880	$0	$515,909	$489,792	$206,199	$621,306	$87,638	$101,344	$36,614
8	Total Nursing Facility Days As Filed Days = 35,948	FY13 Audited C/R Days	35,948									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,600	FY 18 GL-PL Ins Rpt Days								52,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$127.32	$70.82	$0.00	$14.35	$19.36	*(with L&H)*	$17.28	$1.67	$2.82	$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		**1.1416**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$62.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$62.03	$0.00	$14.35	$19.36		$17.28	$1.67	$2.82	$1.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.90	$0.00	$19.14	$23.27		$23.46	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$124.41	$62.03	$0.00	$14.35	$19.36		$17.28	$1.67	8.70 *(FRV)*	$1.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$15.11	$8.29	$0.00	$1.92	$2.59	$0.00	$2.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$139.52	$70.32	$0.00	$16.27	$21.95	$0.00	$19.59	$1.67	$8.70	$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5804**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$180.33	$111.13	$0.00	$16.27	$21.95	$0.00	$19.59	$1.67	$8.70	$1.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.78	$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.33	$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.74	$6.64	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$205.07**	**$117.77**	**$0.00**	**$16.49**	**$22.36**	**$0.00**	**$37.06**	**$1.67**	**$8.70**	**$1.02**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$140.98**									

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

FINAL

Provider: **Reliable Health and Rehab**
Prvdr ID: **321026473A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	44.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.15	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4077	1.3617
Quarterly Medicaid CMI:	1.6069	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6367	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,961,988	$2,782,032	$0	$438,074	$316,624	$446,220	$789,327	$115,774	$73,937	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($59,101)	($11,188)	$0	$0	($4,484)	($11,377)	($40,459)		($52,872)	$61,279
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,902,887	$2,770,844	$0	$438,074	$312,140	$434,843	$748,868	$115,774	$21,065	$61,279
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days								30,538		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$148.28	$83.63	$0.00	$13.22	$22.55	*(with L&H)*	$22.60	$3.79	$0.64	$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4077								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$59.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$59.41	$0.00	$13.22	$22.55		$22.60	$3.79	$0.64	$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$131.97	$59.41	$0.00	$13.22	$22.55		$20.56	$3.79	10.59 *(FRV)*	$1.85
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.47	$7.94	$0.00	$1.77	$3.01	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$147.44	$67.35	$0.00	$14.99	$25.56	$0.00	$23.31	$3.79	$10.59	$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6367								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$110.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$190.32	$110.23	$0.00	$14.99	$25.56	$0.00	$23.31	$3.79	$10.59	$1.85
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.15	$0.53	$0.00	$0.22	$0.40	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.76	$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.31	$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.32	$6.60	$0.00	$0.22	$0.40	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$214.64**	**$116.83**	**$0.00**	**$15.21**	**$25.96**	**$0.00**	**$40.41**	**$3.79**	**$10.59**	**$1.85**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$148.16**									

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

FINAL

Provider: **Renaissance Care and Rehab Center**
Prvdr ID: **00141754A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	39.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.88	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5068	1.3617
Quarterly Medicaid CMI:	1.5735	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6017	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums* *(see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,386,844	$3,133,899	$0	$633,824	$307,648	$383,833	$1,401,624	$971,207	$554,809	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($704,220)	($113,058)	$0	($8,120)	($52,134)	($92,943)	($302,407)		($189,527)	$53,969
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,682,624	$3,020,841	$0	$625,704	$255,514	$290,890	$1,099,217	$971,207	$365,282	$53,969
8	Total Nursing Facility Days As Filed Days = 51,721	FY12 Audited C/R Days	51,744									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt Days								44,450		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$132.22	$58.38	$0.00	$12.09	$10.56	*(with L&H)*	$21.24	$21.85	$7.06	$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5068								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$38.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$38.74	$0.00	$12.09	$10.56		$21.24	$21.85	$7.06	$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$112.02	$38.74	$0.00	$12.09	$10.56		$20.56	$21.85	7.18 *(FRV)*	$1.04
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$10.96	$5.18	$0.00	$1.62	$1.41	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$122.98	$43.92	$0.00	$13.71	$11.97	$0.00	$23.31	$21.85	$7.18	$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6017								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$70.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$149.41	$70.35	$0.00	$13.71	$11.97	$0.00	$23.31	$21.85	$7.18	$1.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.76	$1.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.11	$2.11								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.13	$4.40	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$171.54**	**$74.75**	**$0.00**	**$13.93**	**$12.38**	**$0.00**	**$40.41**	**$21.85**	**$7.18**	**$1.04**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$115.83**									

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

FINAL

Provider: **Resorts at Pooler**
Prvdr ID: **00238741A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	34.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.55	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2677	1.3617
Quarterly Medicaid CMI:	1.3036	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3209	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,195,527	$1,996,140	$0	$504,049	$280,057	$191,416	$507,320	$243,102	$473,443	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($49,370)	($7,258)	$0	$0	($603)	($412)	($36,399)		($50,954)	$46,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,146,157	$1,988,882	$0	$504,049	$279,454	$191,004	$470,921	$243,102	$422,489	$46,256
8	Total Nursing Facility Days As Filed Days = 29,678	FY12 Audited C/R Days	29,678									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,375	FY 18 GL-PL Ins Rpt Days								27,375		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$140.40	$67.02	$0.00	$16.98	$15.85	*(with L&H)*	$15.87	$8.88	$14.24	$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2677**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$52.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$52.87	$0.00	$16.98	$15.85		$15.87	$8.88	$14.24	$1.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$119.08	$52.87	$0.00	$16.98	$15.85		$15.87	$8.88	7.07 *(FRV)*	$1.56
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.58	$7.07	$0.00	$2.27	$2.12	$0.00	$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$132.66	$59.94	$0.00	$19.25	$17.97	$0.00	$17.99	$8.88	$7.07	$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3209**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$79.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$151.89	$79.17	$0.00	$19.25	$17.97	$0.00	$17.99	$8.88	$7.07	$1.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.98	$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.58	$1.58								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.19	$4.09	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$174.08**	**$83.26**	**$0.00**	**$19.47**	**$18.38**	**$0.00**	**$35.46**	**$8.88**	**$7.07**	**$1.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$117.74**									

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

FINAL

Provider: **Ridgewood Manor Nursing Home**
Prvdr ID: **00142744A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	44.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.22	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3042	1.3617
Quarterly Medicaid CMI:	1.3318	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3525	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,189,983	$3,025,952	$0	$553,960	$367,214	$335,603	$554,570	$10,206	$342,478	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($21,808)	($997)	$0	($2,486)	$0	$0	($20,811)		($487)	$2,973
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,168,175	$3,024,955	$0	$551,474	$367,214	$335,603	$533,759	$10,206	$341,991	$2,973
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL Ins Rpt Days								36,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$148.53	$86.94	$0.00	$15.85	$20.20	*(with L&H)*	$15.34	$0.28	$9.83	$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.3042**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$66.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$66.66	$0.00	$15.85	$20.20		$15.34	$0.28	$9.83	$0.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$126.43	$66.66	$0.00	$15.85	$20.20		$15.34	$0.28	8.01 *(FRV)*	$0.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.78	$8.91	$0.00	$2.12	$2.70	$0.00	$2.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$142.21	$75.57	$0.00	$17.97	$22.90	$0.00	$17.39	$0.28	$8.01	$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3525								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$168.85	$102.21	$0.00	$17.97	$22.90	$0.00	$17.39	$0.28	$8.01	$0.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.56	$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.07	$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.26	$6.16	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$193.11**	**$108.37**	**$0.00**	**$18.19**	**$23.31**	**$0.00**	**$34.86**	**$0.28**	**$8.01**	**$0.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$132.01**									

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

FINAL

Provider: **River Towne Center**
Prvdr ID: **00082684A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	58.7%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.20	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4711	1.3617
Quarterly Medicaid CMI:	1.6401	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6689	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,579,475	$3,742,499	$0	$789,011	$419,448	$517,410	$1,724,757	$75,197	$311,153	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($767,781)	($75,410)	$0	($1,345)	$2,452	($28,977)	($670,810)		($44,706)	$51,015
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,811,694	$3,667,089	$0	$787,666	$421,900	$488,433	$1,053,947	$75,197	$266,447	$51,015
8	Total Nursing Facility Days As Filed Days = 59,741	FY12 Audited C/R Days	59,753									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY 18 GL-PL Ins Rpt Days								34,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$114.91	$61.37	$0.00	$13.18	$15.23	*(with L&H)*	$17.64	$2.18	$4.46	$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.4711**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$41.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$41.72	$0.00	$13.18	$15.23		$17.64	$2.18	$4.46	$0.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$98.26	$41.72	$0.00	$13.18	$15.23		$17.64	$2.18	7.46 *(FRV)*	$0.85
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$11.74	$5.58	$0.00	$1.76	$2.04	$0.00	$2.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$110.00	$47.30	$0.00	$14.94	$17.27	$0.00	$20.00	$2.18	$7.46	$0.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6689**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$78.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$141.64	$78.94	$0.00	$14.94	$17.27	$0.00	$20.00	$2.18	$7.46	$0.85
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.34	$4.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.58	$1.58								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.55	$6.45	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$166.19**	**$85.39**	**$0.00**	**$15.16**	**$17.68**	**$0.00**	**$37.47**	**$2.18**	**$7.46**	**$0.85**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$111.82**									

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

FINAL

Provider: **Riverdale Place Care and Rehab**
Prvdr ID: **00083289A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	45.4%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5593	1.3617
Quarterly Medicaid CMI:	1.6130	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6433	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,549,117	$3,503,673	$0	$703,323	$313,173	$455,189	$1,705,397	$77,587	$790,775	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($576,443)	($241,794)	$0	($23,693)	$15,860	($5,010)	($342,780)		($22,844)	$43,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,972,674	$3,261,879	$0	$679,630	$329,033	$450,179	$1,362,617	$77,587	$767,931	$43,818
8	Total Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	52,862									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days								50,021		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$132.00	$61.71	$0.00	$12.86	$14.74	*(with L&H)*	$25.78	$1.55	$14.53	$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5593								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$39.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$39.57	$0.00	$12.86	$14.74		$25.78	$1.55	$14.53	$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$98.90	$39.57	$0.00	$12.86	$14.74		$20.56	$1.55	8.79 *(FRV)*	$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$11.73	$5.29	$0.00	$1.72	$1.97	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$110.63	$44.86	$0.00	$14.58	$16.71	$0.00	$23.31	$1.55	$8.79	$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6433								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$73.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$139.49	$73.72	$0.00	$14.58	$16.71	$0.00	$23.31	$1.55	$8.79	$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.05	$4.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.21	$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.52	$6.79	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$164.01**	**$80.51**	**$0.00**	**$14.80**	**$17.12**	**$0.00**	**$40.41**	**$1.55**	**$8.79**	**$0.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$110.18**									

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

FINAL

Provider: **Riverside Health & Rheab of Thomaston**
Prvdr ID: **00140346A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	45.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.63	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1990	1.3617
Quarterly Medicaid CMI:	1.5048	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5315	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,768,047	$1,921,998	$0	$433,814	$281,964	$209,067	$568,282	$69,795	$283,127	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($18,950)	$0	$0	($1,632)	$0	$0	($17,576)		($20,760)	$21,018
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,749,097	$1,921,998	$0	$432,182	$281,964	$209,067	$550,706	$69,795	$262,367	$21,018
8	Total Nursing Facility Days As Filed Days = 26,092	FY12 Audited C/R Days	26,092									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,564	FY 18 GL-PL Ins Rpt Days								24,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$143.86	$73.66	$0.00	$16.56	$18.82	*(with L&H)*	$21.11	$2.84	$10.06	$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.1990**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$61.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.44	$0.00	$16.56	$18.82		$21.11	$2.84	$10.06	$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$130.52	$61.44	$0.00	$16.56	$18.82		$20.56	$2.84	9.49 *(FRV)*	$0.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.69	$8.21	$0.00	$2.21	$2.52	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$146.21	$69.65	$0.00	$18.77	$21.34	$0.00	$23.31	$2.84	$9.49	$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5315**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$106.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$183.23	$106.67	$0.00	$18.77	$21.34	$0.00	$23.31	$2.84	$9.49	$0.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.87	$5.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.20	$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.33	$9.60	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$210.56**	**$116.27**	**$0.00**	**$18.99**	**$21.75**	**$0.00**	**$40.41**	**$2.84**	**$9.49**	**$0.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$145.10**									

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

FINAL

Provider: **Riverside Healthcare Center**
Prvdr ID: **00140324A**
Case Mix Per Diem Rate Effective Date: 10/01/20
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	44.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.05	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4742	1.3699
Quarterly Medicaid CMI:	1.3336	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3559	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	$8,557,807	$3,643,664	$0	$713,583	$392,096	$421,991	$1,426,273	$204,379	$1,755,821	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	($86,958)	$0	$0	$0	$0	$0	($86,958)		($68,512)	$68,512
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	$8,470,849	$3,643,664	$0	$713,583	$392,096	$421,991	$1,339,315	$204,379	$1,687,309	$68,512
8	Total Nursing Facility Days As Filed Days = 52,821	FY13 Audited C/R Days	52,821									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,896	FY 18 GL-PL Ins Rpt Days								52,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$160.36	$68.98	$0.00	$13.51	$15.41	*(with L&H)*	$25.36	$3.86	$31.94	$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4742								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$46.79	$0.00	$13.51	$15.41		$25.36	$3.86	$31.94	$1.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.90	$0.00	$19.14	$23.27		$23.46	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$112.49	$46.79	$0.00	$13.51	$15.41		$23.46	$3.86	8.16 *(FRV)*	$1.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$13.27	$6.26	$0.00	$1.81	$2.06	$0.00	$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$125.76	$53.05	$0.00	$15.32	$17.47	$0.00	$26.60	$3.86	$8.16	$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3559								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$71.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$144.64	$71.93	$0.00	$15.32	$17.47	$0.00	$26.60	$3.86	$8.16	$1.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.80	$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.16	$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.22	$4.49	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$166.86**	**$76.42**	**$0.00**	**$15.54**	**$17.88**	**$0.00**	**$43.70**	**$3.86**	**$8.16**	**$1.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$112.32**									

Quarterly Case Mix Per Diem Calculation

Provider: **Riverview Health & Rehab Ctr**		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide
Prvdr ID: **00040741A**		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:		1.2970	1.3617
H/B ?: No	Case Mix Per Diem Rate Effective Date: **10/01/20**	BIMS:	30.0%	1.0%	Quarterly Medicaid CMI:		1.4692	1.5138
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.70	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:		1.4936	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*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 183,420		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								52,177		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$29.14	$0.45
	Allowed @ 95% of Std		$156.48	$67.93		$17.49	$21.94		$19.53		$29.14	$0.45
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$176.97	$77.01		$19.83	$24.87		$22.14	$ 3.52	$29.14	$0.45
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4936							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$115.03								
	Quarterly Medicaid CMA Allowed Per Diem		$214.98	$115.03		$19.83	$24.87		$22.14	$3.52	$29.14	$0.45
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% :o Routine Srvs)		$1.15	$1.15								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$2.30	$2.30								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$20.55									
	Quarterly Case Mix Based Per Diem Rate		**$235.53**	**$118.48**		**$19.83**	**$24.87**		**$39.24**	**$3.52**	**$29.14**	**$0.45**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$163.82**										

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

FINAL

Provider: **Roberta Health Care**
Prvdr ID: **00142777A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	50.8%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.30	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4576	1.3617
Quarterly Medicaid CMI:	1.5902	1.5138
Qtrly Mcaid CMI w RUG Wght Options:	1.6180	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,863,402	$1,784,247	$0	$358,580	$227,942	$234,248	$553,791	$29,540	$675,054	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($211,158)	($177,791)	$0	($818)	($6,713)	$9,266	($26,528)		($37,442)	$28,868
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,652,244	$1,606,456	$0	$357,762	$221,229	$243,514	$527,263	$29,540	$637,612	$28,868
8	Total Nursing Facility Days As Filed Days = 32,286	FY12 Audited C/R Days	32,286									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995	FY 18 GL-PL Ins Rpt Days								29,995		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$113.18	$49.76	$0.00	$11.08	$14.39	*(with L&H)*	$16.33	$0.98	$19.75	$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.4576**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$34.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$34.14	$0.00	$11.08	$14.39		$16.33	$0.98	$19.75	$0.89
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$84.68	$34.14	$0.00	$11.08	$14.39		$16.33	$0.98	6.87	$0.89
	Quarterly Per Diem Rate Prior to Add-ons										*(FRV)*	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$10.14	$4.56	$0.00	$1.48	$1.92	$0.00	$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$94.82	$38.70	$0.00	$12.56	$16.31	$0.00	$18.51	$0.98	$6.87	$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6180**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$62.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$118.74	$62.62	$0.00	$12.56	$16.31	$0.00	$18.51	$0.98	$6.87	$0.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.44	$3.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.25	$1.25								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.32	$5.22	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$142.06**	**$67.84**	**$0.00**	**$12.78**	**$16.72**	**$0.00**	**$35.98**	**$0.98**	**$6.87**	**$0.89**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$93.72**									
27	**Minimum Quarterly Case Mix Based Per Diem Rate**		**$147.00**									
28	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 27 - Ln 23) * 0.75	**$97.43**									

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

FINAL

Provider: **Rockdale Healthcare**
Prvdr ID: **00838252A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	24.3%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.90	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6517	1.3617
Quarterly Medicaid CMI:	1.6128	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6430	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,311,907	$2,758,651	$0	$513,684	$258,570	$389,908	$1,416,663	$128,540	$1,845,891	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($241,133)	$0	$0	$0	($9,128)	($13,765)	($153,072)		($190,364)	$125,196
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$7,070,774	$2,758,651	$0	$513,684	$249,442	$376,143	$1,263,591	$128,540	$1,655,527	$125,196
8	Total Nursing Facility Days As Filed Days = 34,294	FY12 Audited C/R Days	34,294									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,390	FY 18 GL-PL Ins Rpt Days								33,390		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$206.28	$80.44	$0.00	$14.98	$18.24	*(with L&H)*	$36.85	$3.85	$48.27	$3.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.6517**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$48.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$48.70	$0.00	$14.98	$18.24		$36.85	$3.85	$48.27	$3.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$123.98	$48.70	$0.00	$14.98	$18.24		$20.56	$3.85	14.00 *(FRV)*	$3.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.70	$6.51	$0.00	$2.00	$2.44	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$137.68	$55.21	$0.00	$16.98	$20.68	$0.00	$23.31	$3.85	$14.00	$3.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6430**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$90.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$173.18	$90.71	$0.00	$16.98	$20.68	$0.00	$23.31	$3.85	$14.00	$3.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.91	$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.72	$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.89	$4.16	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$195.07**	**$94.87**	**$0.00**	**$17.20**	**$21.09**	**$0.00**	**$40.41**	**$3.85**	**$14.00**	**$3.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$133.48**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Rockmart Health**
Prvdr ID: **003182988A**
H/B ?: No

Case Mix Per Diem Rate Effective Date:	10/01/20			
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20			
Add-on Data and Percentages		Facility Score	Add-on Percent	
Growth Allowance:		N/A	13.37%	
BIMS:		35.3%	2.5%	
Nurse Hours per On-Site Day/Quality Incentive:		3.98	3.0%	

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	Use Stwd	1.3617
Quarterly Medicaid CMI:	1.4777	1.5138
Qrtly Mcaid CMI w RUG Wght Options:	1.5030	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*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$23,590.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								14,490		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$36.35	$0.00
	Allowed @ 90% of Std		$156.56	$64.36		$16.57	$20.78		$18.50		$36.35	$0.00
	Growth Allowance 13.37%		$16.07	$8.60		$2.22	$2.78		$2.47			
	CMA Allowed Per Diem (After Growth Alowance)		$146.46	$72.96		$18.79	$23.56		$20.97	$ 1.63	8.55	$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5030							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$109.67								
	Quarterly Medicaid CMA Allowed Per Diem		$183.16	$109.67		$18.79	$23.56		$20.97	$1.63	$8.55	$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Srvs)		$2.74	$2.74								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.29	$3.29								
	Nursing Home Provider Fee		$17.10						17.1			
	Total Quarterly Per Diem Add-On Amounts		$23.13									
	Quarterly Case Mix Based Per Diem Rate		**$206.30**	**$115.70**		**$18.79**	**$23.56**		**$38.07**	**$1.63**	**$8.55**	**$0.00**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$141.90**										

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

FINAL

Provider: **Rome Health and Rehab**
Prvdr ID: **00140753A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	22.7%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.00	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6744	1.3617
Quarterly Medicaid CMI:	1.7928	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.8267	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housknpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,288,642	$2,802,923	$0	$515,153	$185,219	$292,081	$1,230,951	$2,885	$259,430	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($389,506)	$0	$0	$0	$0	$1,892	($391,398)		($38,357)	$38,357
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,899,136	$2,802,923	$0	$515,153	$185,219	$293,973	$839,553	$2,885	$221,073	$38,357
8	Total Nursing Facility Days As Filed Days = 34,077	FY12 Audited C/R Days	34,077									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,075	FY 18 GL-PL Ins Rpt Days								33,075		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$143.78	$82.25	$0.00	$15.12	$14.06	*(with L&H)*	$24.64	$0.09	$6.49	$1.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6744								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$49.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$49.12	$0.00	$15.12	$14.06		$24.64	$0.09	$6.49	$1.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$114.72	$49.12	$0.00	$15.12	$14.06		$20.56	$0.09	14.64 *(FRV)*	$1.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.22	$6.57	$0.00	$2.02	$1.88	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$127.94	$55.69	$0.00	$17.14	$15.94	$0.00	$23.31	$0.09	$14.64	$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8267								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$173.98	$101.73	$0.00	$17.14	$15.94	$0.00	$23.31	$0.09	$14.64	$1.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$1.02	$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.03	$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.31	$3.58	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$195.29**	**$105.31**	**$0.00**	**$17.36**	**$16.35**	**$0.00**	**$40.41**	**$0.09**	**$14.64**	**$1.13**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$133.64**									

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

FINAL

Provider: **Rose City Health and Rehab Ctr**
Prvdr ID: **00083311A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	36.7%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.35	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5200	1.3617
Quarterly Medicaid CMI:	1.6529	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6828	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,126,174	$1,633,291	$0	$380,920	$133,234	$163,580	$657,966	$2,601	$154,582	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($21,254)	$0	$0	$0	$0	$0	($21,254)		($27,958)	$27,958
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,104,920	$1,633,291	$0	$380,920	$133,234	$163,580	$636,712	$2,601	$126,624	$27,958
8	Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,180	FY 18 GL-PL Ins Rpt Days								23,180		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$132.11	$69.49	$0.00	$16.21	$12.63	*(with L&H)*	$27.09	$0.11	$5.39	$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5200								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$45.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$45.72	$0.00	$16.21	$12.63		$27.09	$0.11	$5.39	$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$106.56	$45.72	$0.00	$16.21	$12.63		$20.56	$0.11	10.14 *(FRV)*	$1.19
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.72	$6.11	$0.00	$2.17	$1.69	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$119.28	$51.83	$0.00	$18.38	$14.32	$0.00	$23.31	$0.11	$10.14	$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6828								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$87.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$154.67	$87.22	$0.00	$18.38	$14.32	$0.00	$23.31	$0.11	$10.14	$1.19
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.18	$2.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.62	$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.06	$5.33	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$177.73**	**$92.55**	**$0.00**	**$18.60**	**$14.73**	**$0.00**	**$40.41**	**$0.11**	**$10.14**	**$1.19**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$120.47**									

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

FINAL

Provider: **Roselane Health and Rehab Center**
Prvdr ID: **00831751A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.6%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.01	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5874	1.3617
Quarterly Medicaid CMI:	1.8607	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.8962	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,863,251	$4,527,903	$0	$783,412	$278,374	$481,065	$1,196,566	$3,214	$592,717	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($86,774)	$14,162	$0	$0	$0	$0	($100,936)		($105,761)	$105,761
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$7,776,477	$4,542,065	$0	$783,412	$278,374	$481,065	$1,095,630	$3,214	$486,956	$105,761
8	Total Nursing Facility Days As Filed Days = 45,393	FY12 Audited C/R Days	45,393									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,524	FY 18 GL-PL Ins Rpt Days								44,524		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$171.32	$100.06	$0.00	$17.26	$16.73	*(with L&H)*	$24.14	$0.07	$10.73	$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5874								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$63.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$63.04	$0.00	$17.26	$16.73		$24.14	$0.07	$10.73	$2.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$134.79	$63.04	$0.00	$17.26	$16.73		$20.56	$0.07	14.80 *(FRV)*	$2.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.73	$8.43	$0.00	$2.31	$2.24	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$150.52	$71.47	$0.00	$19.57	$18.97	$0.00	$23.31	$0.07	$14.80	$2.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8962								
18	Qrtrly Routine Srvcs Case Mix 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	$214.57	$135.52	$0.00	$19.57	$18.97	$0.00	$23.31	$0.07	$14.80	$2.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.36	$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$23.69	$5.96	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$238.26**	**$141.48**	**$0.00**	**$19.79**	**$19.38**	**$0.00**	**$40.41**	**$0.07**	**$14.80**	**$2.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.87**									

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

FINAL

Provider: **Rosemont at Stone Mountain**
Prvdr ID: **00587331A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	48.2%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.09	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2404	1.3617
Quarterly Medicaid CMI:	1.6504	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6805	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,929,612	$3,610,194	$0	$738,385	$441,937	$436,558	$1,115,915	$162,798	$423,825	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($231,415)	$811	$0	$1,600	$0	$204	($239,816)		($128,317)	$134,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,698,198	$3,611,005	$0	$739,985	$441,937	$436,762	$876,100	$162,798	$295,508	$134,103
8	Total Nursing Facility Days As Filed Days = 50,566	FY12 Audited C/R Days	50,566									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GL-PL Ins Rpt Days								49,615		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$132.52	$71.41	$0.00	$14.63	$17.38	*(with L&H)*	$17.33	$3.28	$5.84	$2.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2404**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$57.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$57.57	$0.00	$14.63	$17.38		$17.33	$3.28	$5.84	$2.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$124.90	$57.57	$0.00	$14.63	$17.38		$17.33	$3.28	12.06 *(FRV)*	$2.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.30	$7.70	$0.00	$1.96	$2.32	$0.00	$2.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$139.20	$65.27	$0.00	$16.59	$19.70	$0.00	$19.65	$3.28	$12.06	$2.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6805**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$109.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$183.62	$109.69	$0.00	$16.59	$19.70	$0.00	$19.65	$3.28	$12.06	$2.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.03	$6.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.19	$2.19								
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	$26.85	$8.75	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$210.47**	**$118.44**	**$0.00**	**$16.81**	**$20.11**	**$0.00**	**$37.12**	**$3.28**	**$12.06**	**$2.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$145.03**									

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

FINAL

Provider: **Ross Memorial Health Care Center**
Prvdr ID: **00142942A**
Case Mix Per Diem Rate Effective Date: 10/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	33.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.50	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2961	1.3617
Quarterly Medicaid CMI:	1.5459	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5714	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,274,989	$2,812,004	$0	$651,994	$351,015	$344,862	$738,325	$64,497	$312,292	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($135,149)	($275)	$0	$8,437	$26,924	($16,281)	($167,136)		($56,986)	$70,168
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,139,840	$2,811,729	$0	$660,431	$377,939	$328,581	$571,189	$64,497	$255,306	$70,168
8	Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,584	FY 18 GL-PL Ins Rpt Days								30,584		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$155.94	$85.22	$0.00	$20.02	$21.41	*(with L&H)*	$17.31	$2.11	$7.74	$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2961								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$65.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$65.75	$0.00	$20.02	$21.41		$17.31	$2.11	$7.74	$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$139.74	$65.75	$0.00	$18.41	$21.41		$17.31	$2.11	12.62 *(FRV)*	$2.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.42	$8.79	$0.00	$2.46	$2.86	$0.00	$2.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$156.16	$74.54	$0.00	$20.87	$24.27	$0.00	$19.62	$2.11	$12.62	$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5714								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$117.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$198.75	$117.13	$0.00	$20.87	$24.27	$0.00	$19.62	$2.11	$12.62	$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.31	$0.53	$0.00	$0.00	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.93	$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	$3.51	$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.85	$6.97	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$223.60**	**$124.10**	**$0.00**	**$20.87**	**$24.68**	**$0.00**	**$37.09**	**$2.11**	**$12.62**	**$2.13**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$154.88**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

Provider: **Roswell Nursing & Rehab Ctr**
Prvdr ID: **00141248A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	49.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.40	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6341	1.4014
Quarterly Medicaid CMI:	1.7092	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.7415	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											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums* *(see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	$7,743,053	$4,498,611	$0	$557,983	$242,060	$378,928	$1,148,453	$24,135	$892,883	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	($211,557)	($39,976)	$0	$0	($1,285)	($2,011)	($163,544)		($77,460)	$72,719
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	$7,531,496	$4,458,635	$0	$557,983	$240,775	$376,917	$984,909	$24,135	$815,423	$72,719
8	Total Nursing Facility Days As Filed Days = 34,081	FY14 Audited C/R Days	34,081									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY 18 GL-PL Ins Rpt Days								78,295		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$220.58	$130.82	$0.00	$16.37	$18.12	*(with L&H)*	$28.90	$0.31	$23.93	$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.6341								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$80.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.06	$0.00	$16.37	$18.12		$28.90	$0.31	$23.93	$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.31	$0.00	$19.52	$23.55		$24.02	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$143.70	$73.31	$0.00	$16.37	$18.12		$24.02	$0.31	9.44 *(FRV)*	$2.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$17.62	$9.80	$0.00	$2.19	$2.42	$0.00	$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$161.32	$83.11	$0.00	$18.56	$20.54	$0.00	$27.23	$0.31	$9.44	$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7415								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$144.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$222.95	$144.74	$0.00	$18.56	$20.54	$0.00	$27.23	$0.31	$9.44	$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.63	$0.00	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.96	$7.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.89	$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.58	$10.85	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$251.53**	**$155.59**	**$0.00**	**$18.78**	**$20.95**	**$0.00**	**$44.33**	**$0.31**	**$9.44**	**$2.13**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.82**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Sadie G. Mays Health & Rehab Center**
Prvdr ID: **00141842A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **10/01/20**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
BIMS:	39.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3125	1.3617
Quarterly Medicaid CMI:	1.4587	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.4826	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*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$188,573.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								65,261		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$36.35	$0.54
	Allowed @ 90% of Std		$157.10	$64.36		$16.57	$20.78		$18.50		$36.35	$0.54
	Growth Allowance 13.37%		$16.07	$8.60		$2.22	$2.78		$2.47			
	CMA Allowed Per Diem (After Growth Alowance)		$150.55	$72.96		$18.79	$23.56		$20.97	$ 2.89	10.84	$0.54
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4826							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$108.18								
	Quarterly Medicaid CMA Allowed Per Diem		$185.76	$108.18		$18.79	$23.56		$20.97	$2.89	$10.84	$0.54
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Srvs)		$2.70	$2.70								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.25	$3.25								
	Nursing Home Provider Fee		$0.00						0			
	Total Quarterly Per Diem Add-On Amounts		$5.95									
	Quarterly Case Mix Based Per Diem Rate		**$191.71**	**$114.13**		**$18.79**	**$23.56**		**$20.97**	**$2.89**	**$10.84**	**$0.54**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$143.79**										

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

FINAL

Provider: **Savannah Beach Nursing & Rehab Center**
Prvdr ID: **00142876A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	51.5%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.04	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1996	1.3617
Quarterly Medicaid CMI:	1.3997	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.4252	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,155,375	$1,096,757	$0	$118,073	$159,016	$117,189	$328,921	$35,457	$299,962	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	$234,732	$112,227	$0	$129,959	($11,543)	$10,629	($36,575)		$17,932	$12,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,390,107	$1,208,984	$0	$248,032	$147,473	$127,818	$292,346	$35,457	$317,894	$12,103
8	Total Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582	FY 18 GL-PL Ins Rpt Days								15,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$145.63	$73.60	$0.00	$15.10	$16.76	*(with L&H)*	$17.80	$2.28	$19.35	$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1996								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.35	$0.00	$15.10	$16.76		$17.80	$2.28	$19.35	$0.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$123.52	$61.35	$0.00	$15.10	$16.76		$17.80	$2.28	9.49 *(FRV)*	$0.74
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.84	$8.20	$0.00	$2.02	$2.24	$0.00	$2.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$138.36	$69.55	$0.00	$17.12	$19.00	$0.00	$20.18	$2.28	$9.49	$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4252								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$99.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$167.93	$99.12	$0.00	$17.12	$19.00	$0.00	$20.18	$2.28	$9.49	$0.74
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.45	$5.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.98	$1.98								
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	$26.06	$7.96	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$193.99**	**$107.08**	**$0.00**	**$17.34**	**$19.41**	**$0.00**	**$37.65**	**$2.28**	**$9.49**	**$0.74**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$132.67**									

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

FINAL

Provider: **Scepter Health & Rehab**
Prvdr ID: **00169199A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	39.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.73	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3690	1.3617
Quarterly Medicaid CMI:	1.4997	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5249	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$9,561,164	$4,548,816	$0	$1,020,738	$613,465	$507,283	$2,025,599	$20,313	$824,950	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($289,144)	($2,722)	$0	$0	$2,545	$2,104	($294,492)		($107,490)	$110,911
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$9,272,020	$4,546,094	$0	$1,020,738	$616,010	$509,387	$1,731,107	$20,313	$717,460	$110,911
8	Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days								55,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$162.96	$79.89	$0.00	$17.94	$19.78	*(with L&H)*	$30.42	$0.37	$12.61	$1.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.3690**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$58.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$58.36	$0.00	$17.94	$19.78		$30.42	$0.37	$12.61	$1.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$129.05	$58.36	$0.00	$17.94	$19.78		$20.56	$0.37	10.09 *(FRV)*	$1.95
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.59	$7.80	$0.00	$2.40	$2.64	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$144.64	$66.16	$0.00	$20.34	$22.42	$0.00	$23.31	$0.37	$10.09	$1.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5249**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$100.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$179.37	$100.89	$0.00	$20.34	$22.42	$0.00	$23.31	$0.37	$10.09	$1.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.52	$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.02	$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.80	$5.07	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$202.17**	**$105.96**	**$0.00**	**$20.56**	**$22.83**	**$0.00**	**$40.41**	**$0.37**	**$10.09**	**$1.95**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$138.80**									

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

FINAL

Provider: **Scott Health & Rehabilitation**
Prvdr ID: **00141644A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	25.6%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.69	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3422	1.3617
Quarterly Medicaid CMI:	1.5974	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6262	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,629,423	$1,432,501	$0	$295,735	$164,214	$178,169	$396,102	$68,416	$94,286	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($19,325)	$0	$0	$0	$1,437	$1,559	($23,146)		($12,364)	$13,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,610,098	$1,432,501	$0	$295,735	$165,651	$179,728	$372,956	$68,416	$81,922	$13,189
8	Total Nursing Facility Days As Filed Days = 19,289	FY12 Audited C/R Days	19,289									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,880	FY 18 GL-PL Ins Rpt Days								19,880		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$135.22	$74.27	$0.00	$15.33	$17.91	*(with L&H)*	$19.34	$3.44	$4.25	$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.3422**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$55.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$55.33	$0.00	$15.33	$17.91		$19.34	$3.44	$4.25	$0.68
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$121.46	$55.33	$0.00	$15.33	$17.91		$19.34	$3.44	9.43 *(FRV)*	$0.68
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.43	$7.40	$0.00	$2.05	$2.39	$0.00	$2.59	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$135.89	$62.73	$0.00	$17.38	$20.30	$0.00	$21.93	$3.44	$9.43	$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6262**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$175.17	$102.01	$0.00	$17.38	$20.30	$0.00	$21.93	$3.44	$9.43	$0.68
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$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	$1.02	$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.04	$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.69	$3.59	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$196.86**	**$105.60**	**$0.00**	**$17.60**	**$20.71**	**$0.00**	**$39.40**	**$3.44**	**$9.43**	**$0.68**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.82**									

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

FINAL

Provider: **Sears Manor**
Prvdr ID: **00142898A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	60.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.00	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2990	1.3617
Quarterly Medicaid CMI:	1.5281	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5544	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,058,947	$2,128,930	$0	$451,303	$260,678	$256,636	$573,642	$58,612	$329,146	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($74,805)	$0	$0	$0	($105)	($105)	($74,471)		($25,030)	$24,906
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,984,142	$2,128,930	$0	$451,303	$260,573	$256,531	$499,171	$58,612	$304,116	$24,906
8	Total Nursing Facility Days As Filed Days = 28,225	FY12 Audited C/R Days	28,225									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY 18 GL-PL Ins Rpt Days								27,219		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$141.23	$75.43	$0.00	$15.99	$18.32	*(with L&H)*	$17.69	$2.15	$10.77	$0.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2990								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$58.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$58.07	$0.00	$15.99	$18.32		$17.69	$2.15	$10.77	$0.88
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$122.98	$58.07	$0.00	$15.99	$18.32		$17.69	$2.15	9.88 *(FRV)*	$0.88
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.72	$7.76	$0.00	$2.14	$2.45	$0.00	$2.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$137.70	$65.83	$0.00	$18.13	$20.77	$0.00	$20.06	$2.15	$9.88	$0.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5544								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$174.20	$102.33	$0.00	$18.13	$20.77	$0.00	$20.06	$2.15	$9.88	$0.88
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.63	$5.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.07	$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.33	$9.23	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$201.53**	**$111.56**	**$0.00**	**$18.35**	**$21.18**	**$0.00**	**$37.53**	**$2.15**	**$9.88**	**$0.88**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$138.32**									

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

FINAL

Provider: **Seminole Manor Nursing Home**
Prvdr ID: **00142909A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.33	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2760	1.3617
Quarterly Medicaid CMI:	1.0946	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.1078	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,031,689	$1,865,825	$0	$821,360	$355,581	$248,370	$553,082	$5,671	$181,800	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($63,607)	($2,651)	$0	$0	($6,540)	($4,569)	($46,503)		($15,449)	$12,105
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,968,082	$1,863,174	$0	$821,360	$349,041	$243,801	$506,579	$5,671	$166,351	$12,105
8	Total Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days	21,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days								21,033		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$180.99	$84.98	$0.00	$37.46	$27.04	*(with L&H)*	$23.10	$0.27	$7.59	$0.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2760**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$66.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$66.60	$0.00	$37.46	$27.04		$23.10	$0.27	$7.59	$0.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$149.26	$66.60	$0.00	$29.15	$23.09		$20.56	$0.27	9.04 *(FRV)*	$0.55
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$18.64	$8.90	$0.00	$3.90	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$167.90	$75.50	$0.00	$33.05	$26.18	$0.00	$23.31	$0.27	$9.04	$0.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.1078**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$83.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$176.04	$83.64	$0.00	$33.05	$26.18	$0.00	$23.31	$0.27	$9.04	$0.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.09	$2.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$22.23	$5.13	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$198.27**	**$88.77**	**$0.00**	**$33.05**	**$26.18**	**$0.00**	**$40.41**	**$0.27**	**$9.04**	**$0.55**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$135.88**									

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

FINAL

Provider: **Senior Care Ctr.-Brunswick**
Prvdr ID: **000830827B**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	20.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.27	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2904	1.3617
Quarterly Medicaid CMI:	1.3516	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3745	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housknpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$12,935,309	$5,960,467	$0	$1,072,572	$683,912	$504,746	$3,762,908	$229,360	$721,344	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($368,101)	$800,812	$0	($1,205)	$108,294	$33,976	($1,467,220)		$20,220	$137,022
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$12,567,208	$6,761,279	$0	$1,071,367	$792,206	$538,722	$2,295,688	$229,360	$741,564	$137,022
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$211.72	$113.94	$0.00	$18.05	$22.43	*(with L&H)*	$38.69	$3.80	$12.50	$2.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2904**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$88.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.30	$0.00	$18.05	$22.43		$38.69	$3.80	$12.50	$2.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$155.23	$71.51	$0.00	$18.05	$22.43		$20.56	$3.80	16.57 *(FRV)*	$2.31
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$17.72	$9.56	$0.00	$2.41	$3.00	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$172.95	$81.07	$0.00	$20.46	$25.43	$0.00	$23.31	$3.80	$16.57	$2.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3745**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$203.31	$111.43	$0.00	$20.46	$25.43	$0.00	$23.31	$3.80	$16.57	$2.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.63	$0.00	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.11	$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.34	$3.34								
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	$5.08	$4.45	$0.00	$0.22	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$208.39**	**$115.88**	**$0.00**	**$20.68**	**$25.84**	**$0.00**	**$23.31**	**$3.80**	**$16.57**	**$2.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$156.29**									

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

FINAL

Provider: **Senior Care Ctr.- St. Marys**
Prvdr ID: **00143129A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	31.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.26	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2093	1.3617
Quarterly Medicaid CMI:	1.2159	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.2315	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,098,594	$2,116,099	$0	$387,751	$399,462	$225,826	$549,708	$121,553	$298,195	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($101,634)	$41,172	$0	($100)	($10,813)	($6,113)	$4,635		($155,824)	$25,409
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,996,960	$2,157,271	$0	$387,651	$388,649	$219,713	$554,343	$121,553	$142,371	$25,409
8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpt Days								23,788		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$184.14	$99.66	$0.00	$17.91	$28.10	*(with L&H)*	$25.61	$5.11	$6.58	$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2093**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.41	$0.00	$17.91	$28.10		$25.61	$5.11	$6.58	$1.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$149.76	$71.51	$0.00	$17.91	$23.09		$20.56	$5.11	10.41 *(FRV)*	$1.17
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$17.79	$9.56	$0.00	$2.39	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$167.55	$81.07	$0.00	$20.30	$26.18	$0.00	$23.31	$5.11	$10.41	$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2315**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$99.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$186.32	$99.84	$0.00	$20.30	$26.18	$0.00	$23.31	$5.11	$10.41	$1.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.50	$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.00	$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.82	$5.50	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$209.14**	**$105.34**	**$0.00**	**$20.52**	**$26.18**	**$0.00**	**$40.41**	**$5.11**	**$10.41**	**$1.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$144.03**									

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

FINAL

Provider: **Signature HC of Buckhead**
Prvdr ID: **00040763A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	31.7%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.58	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5246	1.3617
Quarterly Medicaid CMI:	1.7835	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.8181	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$11,767,995	$5,156,008	$0	$918,863	$438,941	$629,831	$2,661,908	$435,581	$1,526,863	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($625,674)	$118,845	$0	($3,470)	$150	$5,063	($609,808)		($375,786)	$239,332
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$11,142,321	$5,274,853	$0	$915,393	$439,091	$634,894	$2,052,100	$435,581	$1,151,077	$239,332
8	Total Nursing Facility Days As Filed Days = 54,878	FY12 Audited C/R Days	54,878									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,002	FY 18 GL-PL Ins Rpt Days								48,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$204.17	$96.12	$0.00	$16.68	$19.57	*(with L&H)*	$37.39	$9.07	$20.98	$4.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5246								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$63.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$63.05	$0.00	$16.68	$19.57		$37.39	$9.07	$20.98	$4.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$143.42	$63.05	$0.00	$16.68	$19.57		$20.56	$9.07	10.13 *(FRV)*	$4.36
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.03	$8.43	$0.00	$2.23	$2.62	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$159.45	$71.48	$0.00	$18.91	$22.19	$0.00	$23.31	$9.07	$10.13	$4.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8181								
18	Qrtrly Routine Srvcs Case Mix 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	$217.93	$129.96	$0.00	$18.91	$22.19	$0.00	$23.31	$9.07	$10.13	$4.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.25	$3.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.60	$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.11	$6.38	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$242.04**	**$136.34**	**$0.00**	**$19.13**	**$22.60**	**$0.00**	**$40.41**	**$9.07**	**$10.13**	**$4.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.71**									

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

FINAL

Provider: **Signature HC - Marietta**
Prvdr ID: **00142986A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	17.7%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.85	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4557	1.3617
Quarterly Medicaid CMI:	1.8702	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.9067	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$11,173,029	$5,062,882	$0	$1,030,053	$499,746	$498,710	$2,639,988	$93,123	$1,348,527	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($616,125)	$62,898	$0	($3,539)	($1,128)	($3,984)	($750,387)		($28,993)	$109,008
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$10,556,904	$5,125,780	$0	$1,026,514	$498,618	$494,726	$1,889,601	$93,123	$1,319,534	$109,008
8	Total Nursing Facility Days As Filed Days = 53,277	FY12 Audited C/R Days	53,277									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,909	FY 18 GL-PL Ins Rpt Days								46,909		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$198.40	$96.21	$0.00	$19.27	$18.64	*(with L&H)*	$35.47	$1.99	$24.77	$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4557								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$66.09	$0.00	$19.27	$18.64		$35.47	$1.99	$24.77	$2.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$140.10	$66.09	$0.00	$18.41	$18.64		$20.56	$1.99	12.36 *(FRV)*	$2.05
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.54	$8.84	$0.00	$2.46	$2.49	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$156.64	$74.93	$0.00	$20.87	$21.13	$0.00	$23.31	$1.99	$12.36	$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9067								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$224.58	$142.87	$0.00	$20.87	$21.13	$0.00	$23.31	$1.99	$12.36	$2.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.94	$0.53	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.86	$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.90	$3.39	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$245.48**	**$146.26**	**$0.00**	**$20.87**	**$21.54**	**$0.00**	**$40.41**	**$1.99**	**$12.36**	**$2.05**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$171.29**									

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

FINAL

Provider: **Signature Healthcare of Savannah**
Prvdr ID: **00083157A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	17.9%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.75	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6565	1.3617
Quarterly Medicaid CMI:	1.7535	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.7878	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,163,426	$3,322,791	$0	$575,380	$227,959	$317,863	$1,538,244	$35,183	$146,006	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($481,576)	($6,386)	$0	$1,029	$851	$2,096	($481,229)		($47,579)	$49,642
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,681,850	$3,316,405	$0	$576,409	$228,810	$319,959	$1,057,015	$35,183	$98,427	$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-PL Ins Rpt Days								38,127		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$142.80	$83.33	$0.00	$14.48	$13.79	*(with L&H)*	$26.56	$0.92	$2.47	$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.6565**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$50.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$50.31	$0.00	$14.48	$13.79		$26.56	$0.92	$2.47	$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$111.56	$50.31	$0.00	$14.48	$13.79		$20.56	$0.92	10.25 *(FRV)*	$1.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.26	$6.73	$0.00	$1.94	$1.84	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$124.82	$57.04	$0.00	$16.42	$15.63	$0.00	$23.31	$0.92	$10.25	$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7878**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$169.76	$101.98	$0.00	$16.42	$15.63	$0.00	$23.31	$0.92	$10.25	$1.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.04	$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.30	$2.57	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$190.06**	**$104.55**	**$0.00**	**$16.64**	**$16.04**	**$0.00**	**$40.41**	**$0.92**	**$10.25**	**$1.25**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$129.72**									

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

FINAL

Provider: **Smith Medical Nursing Care Center**
Prvdr ID: **00143008A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	36.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.07	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	0.9535	1.3617
Quarterly Medicaid CMI:	0.9408	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	0.9490	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$1,363,450	$642,300	$0	$167,569	$80,015	$112,658	$279,616	$50,009	$31,283	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($25,559)	$0	$0	$0	$0	($235)	($24,756)		($15,417)	$14,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$1,337,891	$642,300	$0	$167,569	$80,015	$112,423	$254,860	$50,009	$15,866	$14,849
8	Total Nursing Facility Days As Filed Days = 16,988	FY12 Audited C/R Days	16,988									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,789	FY 18 GL-PL Ins Rpt Days								17,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$78.61	$37.81	$0.00	$9.86	$11.33	*(with L&H)*	$15.00	$2.81	$0.93	$0.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**0.9535**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$39.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$39.65	$0.00	$9.86	$11.33		$15.00	$2.81	$0.93	$0.87
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$89.70	$39.65	$0.00	$9.86	$11.33		$15.00	$2.81	10.18 *(FRV)*	$0.87
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$10.14	$5.30	$0.00	$1.32	$1.51	$0.00	$2.01	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$99.84	$44.95	$0.00	$11.18	$12.84	$0.00	$17.01	$2.81	$10.18	$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**0.9490**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$42.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$97.55	$42.66	$0.00	$11.18	$12.84	$0.00	$17.01	$2.81	$10.18	$0.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.07	$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.00	$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$19.70	$1.60	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$117.25**	**$44.26**	**$0.00**	**$11.40**	**$13.25**	**$0.00**	**$34.48**	**$2.81**	**$10.18**	**$0.87**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$75.11**									
27	**Minimum Quarterly Case Mix Based Per Diem Rate**		**$147.00**									
28	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 27 - Ln 23) * 0.75	**$97.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

Provider: **Social Circle Nursing and Rehab Center**
Prvdr ID: **00143041A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	32.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.58	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5267	1.4014
Quarterly Medicaid CMI:	1.6333	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6649	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											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	$2,102,789	$1,142,250	$0	$193,444	$77,117	$92,978	$402,365	$5,854	$188,781	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	($19,636)	$0	$0	$0	$1,205	$1,454	($25,247)		($4,809)	$7,761
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	$2,083,153	$1,142,250	$0	$193,444	$78,322	$94,432	$377,118	$5,854	$183,972	$7,761
8	Total Nursing Facility Days As Filed Days = 10,450	FY14 Audited C/R Days	10,450									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,602	FY 18 GL-PL Ins Rpt Days								21,602		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$199.05	$109.31	$0.00	$18.51	$16.53	*(with L&H)*	$36.09	$0.27	$17.60	$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5267								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$71.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.60	$0.00	$18.51	$16.53		$36.09	$0.27	$17.60	$0.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.31	$0.00	$19.52	$23.55		$24.02	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$141.06	$71.60	$0.00	$18.51	$16.53		$24.02	$0.27	9.39 *(FRV)*	$0.74
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$17.46	$9.57	$0.00	$2.47	$2.21	$0.00	$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$158.52	$81.17	$0.00	$20.98	$18.74	$0.00	$27.23	$0.27	$9.39	$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6649								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$135.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$212.49	$135.14	$0.00	$20.98	$18.74	$0.00	$27.23	$0.27	$9.39	$0.74
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.38	$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.05	$4.05								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.69	$7.96	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$238.18**	**$143.10**	**$0.00**	**$21.20**	**$19.15**	**$0.00**	**$44.33**	**$0.27**	**$9.39**	**$0.74**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.81**									

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

FINAL

Provider: **Southland Nursing Home**
Prvdr ID: **00409054A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/20**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.2%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.39	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4974	1.3617
Quarterly Medicaid CMI:	1.5270	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5508	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$9,549,981	$5,013,180	$0	$893,414	$455,650	$544,070	$1,139,982	$147,464	$1,356,221	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($29,285)	($707)	$0	($3,735)	$0	$0	($28,578)		($83,132)	$86,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$9,520,696	$5,012,473	$0	$889,679	$455,650	$544,070	$1,111,404	$147,464	$1,273,089	$86,867
8	Total Nursing Facility Days As Filed Days = 52,588	FY12 Audited C/R Days	52,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,515	FY 18 GL-PL Ins Rpt Days								49,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$181.22	$95.32	$0.00	$16.92	$19.01	*(with L&H)*	$21.13	$2.98	$24.21	$1.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4974								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$63.66	$0.00	$16.92	$19.01		$21.13	$2.98	$24.21	$1.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$138.48	$63.66	$0.00	$16.92	$19.01		$20.56	$2.98	13.70 *(FRV)*	$1.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.06	$8.51	$0.00	$2.26	$2.54	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$154.54	$72.17	$0.00	$19.18	$21.55	$0.00	$23.31	$2.98	$13.70	$1.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5508								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$194.29	$111.92	$0.00	$19.18	$21.55	$0.00	$23.31	$2.98	$13.70	$1.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.80	$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$24.42	$6.69	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$218.71**	**$118.61**	**$0.00**	**$19.40**	**$21.96**	**$0.00**	**$40.41**	**$2.98**	**$13.70**	**$1.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$151.21**									

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

FINAL

Provider: **Southland Healthcare & Rehab Ctr.**
Prvdr ID: **00143558A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	35.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.85	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5242	1.3617
Quarterly Medicaid CMI:	1.4319	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.4548	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums* (see line 20 for actual)	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,167,749	$2,423,160	$0	$486,787	$281,646	$308,120	$916,153	$49,173	$702,710	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($545,105)	($169,656)	$0	($3,887)	$3,071	($4,176)	($363,805)		($38,826)	$32,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,622,644	$2,253,504	$0	$482,900	$284,717	$303,944	$552,348	$49,173	$663,884	$32,174
8	Total Nursing Facility Days As Filed Days = 35,339	FY12 Audited C/R Days	35,413									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days								33,391		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$130.62	$63.63	$0.00	$13.64	$16.62	*(with L&H)*	$15.60	$1.47	$18.75	$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5242								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$41.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$41.75	$0.00	$13.64	$16.62		$15.60	$1.47	$18.75	$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$97.95	$41.75	$0.00	$13.64	$16.62		$15.60	$1.47	7.96 *(FRV)*	$0.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$11.71	$5.58	$0.00	$1.82	$2.22	$0.00	$2.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$109.66	$47.33	$0.00	$15.46	$18.84	$0.00	$17.69	$1.47	$7.96	$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4548								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$68.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$131.19	$68.86	$0.00	$15.46	$18.84	$0.00	$17.69	$1.47	$7.96	$0.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.72	$1.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.38	$1.38								
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	$21.73	$3.63	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$152.92**	**$72.49**	**$0.00**	**$15.68**	**$19.25**	**$0.00**	**$35.16**	**$1.47**	**$7.96**	**$0.91**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$101.87**									

Quarterly Case Mix Per Diem Calculation

Provider: **Southern Pines Nursing Home**
Prvdr ID: **00140918A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: 10/01/20
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
BIMS:	39.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.17	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4655	1.3617
Quarterly Medicaid CMI:	1.9472	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.9858	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*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 54,433		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								20,467		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$32.84	$0.91
	Allowed @ 95% of Std		$160.64	$67.93		$17.49	$21.94		$19.53		$32.84	$0.91
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$180.34	$77.01		$19.83	$24.87		$22.14	$ 2.73	$32.84	$0.91
	Quarterly Facility Case Mix Index for Medicaid Residents			1.9858							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$152.93								
	Quarterly Medicaid CMA Allowed Per Diem		$256.25	$152.93		$19.83	$24.87		$22.14	$2.73	$32.84	$0.91
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Srvs)		$3.82	$3.82								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$4.59	$4.59								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$25.51									
	Quarterly Case Mix Based Per Diem Rate		**$281.77**	**$161.34**		**$19.83**	**$24.87**		**$39.24**	**$2.73**	**$32.84**	**$0.91**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$198.50**										

Quarterly Case Mix Per Diem Calculation

FINAL

				Facility Score	Add-on Percent		Facility Specific	State-wide
Provider: **Southwell Health and Rehab**			Add-on Data and Percentages			Case Mix Index (CMI) Data		
Prvdr ID: **00059826A**			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4305	1.3617
H/B ?: No	Case Mix Per Diem Rate Effective Date:	**10/01/20**	BIMS:	42.5%	2.5%	Quarterly Medicaid CMI:	1.2376	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	4.01	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.2556	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*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 34,380		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								31,753		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2013 Peer Group Limit		$73.90		$28.00	$23.27		$23.46		$27.24	$0.34
	Allowed @ 95% of Std		$168.79	$70.21		$26.60	$22.11		$22.29		$27.24	$0.34
	Growth Allowance 13.37%		$18.88	$9.39		$3.56	$2.96		$2.98			
	CMA Allowed Per Diem (After Growth Alowance)		$190.40	$79.60		$30.16	$25.07		$25.27	$ 2.73	$27.24	$0.34
	Quarterly Facility Case Mix Index for Medicaid Residents			1.2556							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$99.94								
	Quarterly Medicaid CMA Allowed Per Diem		$210.74	$99.94		$30.16	$25.07		$25.27	$2.73	$27.24	$0.34
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Srvs)		$2.50	$2.50								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.00	$3.00								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$22.60									
	Quarterly Case Mix Based Per Diem Rate		**$233.34**	**$105.44**		**$30.16**	**$25.07**		**$42.37**	**$2.73**	**$27.24**	**$0.34**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$162.18**										

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

FINAL

Provider: **Sparta Health & Rehab**
Prvdr ID: **00143063A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	14.3%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.39	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.0832	1.3617
Quarterly Medicaid CMI:	1.2993	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3216	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,180,795	$1,640,812	$0	$361,806	$192,153	$210,047	$400,887	$77,632	$297,458	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($39,489)	($22,810)	$0	$0	$0	$0	($16,679)		($16,933)	$16,933
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,141,306	$1,618,002	$0	$361,806	$192,153	$210,047	$384,208	$77,632	$280,525	$16,933
8	Total Nursing Facility Days As Filed Days = 25,400	FY12 Audited C/R Days	25,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days								25,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$123.66	$63.70	$0.00	$14.24	$15.83	*(with L&H)*	$15.13	$3.05	$11.04	$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0832								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$58.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$58.81	$0.00	$14.24	$15.83		$15.13	$3.05	$11.04	$0.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$116.08	$58.81	$0.00	$14.24	$15.83		$15.13	$3.05	8.35 *(FRV)*	$0.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.90	$7.86	$0.00	$1.90	$2.12	$0.00	$2.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$129.98	$66.67	$0.00	$16.14	$17.95	$0.00	$17.15	$3.05	$8.35	$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3216								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$88.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$151.42	$88.11	$0.00	$16.14	$17.95	$0.00	$17.15	$3.05	$8.35	$0.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.64	$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.27	$3.17	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$172.69**	**$91.28**	**$0.00**	**$16.36**	**$18.36**	**$0.00**	**$34.62**	**$3.05**	**$8.35**	**$0.67**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$116.69**									

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

FINAL

Provider: **St. Joseph's Transitional Care Unit**
Prvdr ID: **00851243A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	0.0%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	8.00	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	2.4830	1.3617
Quarterly Medicaid CMI:	1.5138	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5405	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$1,237,277	$551,558	$0	$63,792	$65,869	$72,204	$306,232	$6,699	$170,923	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($9,363)	$0	$0	$0	$0	$0	($9,363)		($3,884)	$3,884
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$1,227,914	$551,558	$0	$63,792	$65,869	$72,204	$296,869	$6,699	$167,039	$3,884
8	Total Nursing Facility Days As Filed Days = 3,195	FY12 Audited C/R Days	3,195									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,180	FY 18 GL-PL Ins Rpt Days								3,180		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$384.35	$172.63	$0.00	$19.97	$43.22	*(with L&H)*	$92.92	$2.11	$52.28	$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.4830								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$69.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$69.52	$0.00	$19.97	$43.22		$92.92	$2.11	$52.28	$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$151.92	$69.52	$0.00	$19.97	$23.09		$20.56	$2.11	15.45 *(FRV)*	$1.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$17.80	$9.29	$0.00	$2.67	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$169.72	$78.81	$0.00	$22.64	$26.18	$0.00	$23.31	$2.11	$15.45	$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5405								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$121.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$212.32	$121.41	$0.00	$22.64	$26.18	$0.00	$23.31	$2.11	$15.45	$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.00	$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$17.85	$0.53	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$230.17**	**$121.94**	**$0.00**	**$22.86**	**$26.18**	**$0.00**	**$40.41**	**$2.11**	**$15.45**	**$1.22**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$159.80**									

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

FINAL

Provider: **Stevens Park**
Prvdr ID: **03143404A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	31.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.33	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6519	1.3617
Quarterly Medicaid CMI:	1.6815	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.7143	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,668,797	$1,907,109	$0	$381,810	$100,679	$237,712	$525,214	$47,619	$468,654	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($8,898)	($5,436)	$0	($1,961)	$0	$0	($3,809)		($14,846)	$17,154
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,659,899	$1,901,673	$0	$379,849	$100,679	$237,712	$521,405	$47,619	$453,808	$17,154
8	Total Nursing Facility Days As Filed Days = 16,235	FY12 Audited C/R Days	16,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,779	FY 18 GL-PL Ins Rpt Days								15,779		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$225.52	$117.13	$0.00	$23.40	$20.84	*(with L&H)*	$32.12	$3.02	$27.95	$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6519								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$70.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$70.91	$0.00	$23.40	$20.84		$32.12	$3.02	$27.95	$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$169.23	$70.91	$0.00	$18.41	$20.84		$20.56	$3.02	34.43 *(FRV)*	$1.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$17.48	$9.48	$0.00	$2.46	$2.79	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$186.71	$80.39	$0.00	$20.87	$23.63	$0.00	$23.31	$3.02	$34.43	$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7143								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$137.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$244.13	$137.81	$0.00	$20.87	$23.63	$0.00	$23.31	$3.02	$34.43	$1.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.86	$0.45	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.45	$3.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$25.54	$8.03	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$269.67**	**$145.84**	**$0.00**	**$20.87**	**$24.04**	**$0.00**	**$40.41**	**$3.02**	**$34.43**	**$1.06**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.43**									

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

FINAL

Provider: **Summerhill Elderliving Home**
Prvdr ID: **00142139A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	50.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.77	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3692	1.3617
Quarterly Medicaid CMI:	1.5909	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6191	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	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$8,273,605	$4,493,073	$0	$1,081,800	$525,800	$577,474	$1,045,895	$121,065	$428,498	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($90,357)	($80,228)	$0	$0	($159)	$73,654	($76,632)		($59,884)	$52,892
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$8,183,248	$4,412,845	$0	$1,081,800	$525,641	$651,128	$969,263	$121,065	$368,614	$52,892
8	Total Nursing Facility Days As Filed Days = 55,253	FY12 Audited C/R Days	55,253									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,192	FY 18 GL-PL Ins Rpt Days								57,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$148.04	$79.87	$0.00	$19.58	$21.30	*(with L&H)*	$17.54	$2.12	$6.67	$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3692								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$58.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$58.34	$0.00	$19.58	$21.30		$17.54	$2.12	$6.67	$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$132.50	$58.34	$0.00	$18.41	$21.30		$17.54	$2.12	13.83 *(FRV)*	$0.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.46	$7.80	$0.00	$2.46	$2.85	$0.00	$2.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$147.96	$66.14	$0.00	$20.87	$24.15	$0.00	$19.89	$2.12	$13.83	$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6191								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$107.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$188.91	$107.09	$0.00	$20.87	$24.15	$0.00	$19.89	$2.12	$13.83	$0.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.31	$0.53	$0.00	$0.00	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.89	$5.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.21	$3.21								
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	$27.51	$9.63	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$216.42**	**$116.72**	**$0.00**	**$20.87**	**$24.56**	**$0.00**	**$37.36**	**$2.12**	**$13.83**	**$0.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$149.49**									

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

FINAL

Provider: **Syl-View Health Care Center, Inc.**
Prvdr ID: **00040796A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	36.5%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1798	1.3617
Quarterly Medicaid CMI:	1.2875	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3079	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,902,776	$2,054,107	$0	$497,355	$318,621	$206,770	$442,929	$85,829	$297,165	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($135,020)	($38,629)	$0	($1,545)	($611)	$0	($91,419)		($24,967)	$22,151
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,767,756	$2,015,478	$0	$495,810	$318,010	$206,770	$351,510	$85,829	$272,198	$22,151
8	Total Nursing Facility Days As Filed Days = 34,197	FY12 Audited C/R Days	34,197									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,272	FY 18 GL-PL Ins Rpt Days								27,272		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$110.83	$58.94	$0.00	$14.50	$15.35	*(with L&H)*	$10.28	$3.15	$7.96	$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1798								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$49.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$49.96	$0.00	$14.50	$15.35		$10.28	$3.15	$7.96	$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$101.78	$49.96	$0.00	$14.50	$15.35		$10.28	$3.15	7.89 *(FRV)*	$0.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.04	$6.68	$0.00	$1.94	$2.05	$0.00	$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$113.82	$56.64	$0.00	$16.44	$17.40	$0.00	$11.65	$3.15	$7.89	$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3079								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$74.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$131.26	$74.08	$0.00	$16.44	$17.40	$0.00	$11.65	$3.15	$7.89	$0.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.85	$1.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.22	$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.70	$4.60	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$153.96**	**$78.68**	**$0.00**	**$16.66**	**$17.81**	**$0.00**	**$29.12**	**$3.15**	**$7.89**	**$0.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$102.65**									