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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 48.8% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.84 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2112 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4065 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4347 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.4347 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $84.92 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $164.43 | $84.92 | $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 = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $4.67 | $4.67 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.70 | $1.70 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.59 | $6.90 | $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 | **$189.02** | **$91.82** | **$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 | **$128.94** | | | | | | | | | |

# Quarterly Case Mix Per Diem Calculation

**FINAL**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Provider: **Quinton Memorial Health Care** | | | Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | Facility Specific | State-wide |
| Prvdr ID: **00150279A** | | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | | 1.2702 | 1.3617 |
| H/B ?: No | Case Mix Per Diem Rate Effective Date: | 04/01/20 | BIMS: | 27.5% | 1.0% | Quarterly Medicaid CMI: | | 1.3987 | 1.4347 |
| | MDS & Nurse Hrs Data per Quarter Ending: | 12/31/19 | Nurse Hours per On-Site Day/Quality Incentive: | 2.83 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | | 1.4226 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Properly 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 | | | 1.4226 | | | | | | | *(FRV Rate)* | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | $109.56 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | $196.50 | $109.56 | | $19.83 | $24.87 | | $22.14 | $0.29 | $19.72 | $0.09 |
| | **Quarterly Per Diem Add-On Amounts** | | | | | | | | | | | |
| | BIMS Add-on Per Diem = 1.0% to Routine Srvs) | | $1.10 | $1.10 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% | | $3.29 | $3.29 | | | | | | | | |
| | Nursing Home Provider Fee | | $17.10 | | | | | | 17.10 | | | |
| | **Total Quarterly Per Diem Add-On Amounts** | | $21.48 | | | | | | | | | |
| | **Quarterly Case Mix Based Per Diem Rate** | | $217.98 | $113.94 | | $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%** | $150.66 | | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|
| Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.4547 | 1.3617 |
| Qtrly BIMS score | 7.8% | 0.0% | Quarterly Medicaid CMI: | 1.4237 | 1.4820 |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.34 | 2.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.4497 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | ***1*** | ***1*** | ***2*** | ***1*** | ***1*** | ***1*** | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.4497** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $115.18 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $201.42 | $115.18 | $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 = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.30 | $2.30 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $20.71 | $2.83 | $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 | **$222.13** | **$118.01** | **$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 | **$153.77** | | | | | | | | | |

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: **04/01/20**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| 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: | 3.88 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.1416 | 1.3699 |
| Quarterly Medicaid CMI: | 1.5896 | 1.4569 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6180 | 1.4820 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.6180 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $113.78 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $182.98 | $113.78 | $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 | $2.84 | $2.84 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.41 | $3.41 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.88 | $6.78 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$207.86** | **$120.56** | **$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 | **$143.07** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 43.5% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.00 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.4077 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5508 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5777 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.5777 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $106.26 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $186.35 | $106.26 | $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 | $2.66 | $2.66 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.19 | $3.19 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.10 | $6.38 | $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 | **$210.45** | **$112.64** | **$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 | **$145.01** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 42.0% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 4.01 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5068 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5570 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5859 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.5859 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $69.65 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $148.71 | $69.65 | $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 - Afwd] x .75, up to max, or 0) | (see 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 | $1.74 | $1.74 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.09 | $2.09 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.09 | $4.36 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$170.80** | **$74.01** | **$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 | **$115.28** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 28.6% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.80 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5874 | 1.3617 |
| Quarterly Medicaid CMI: | 1.6853 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.7152 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | ***1*** | ***1*** | ***2*** | ***1*** | ***1*** | ***1*** | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.7152** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $122.59 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $201.64 | $122.59 | $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 | $1.23 | $1.23 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.68 | $3.68 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.17 | $5.44 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$224.81** | **$128.03** | **$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 | **$155.78** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| 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: | 2.50 | 1.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2677 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4814 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5076 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.5076 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $90.37 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $163.09 | $90.37 | $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 | $2.26 | $2.26 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $0.90 | $0.90 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.79 | $3.69 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$184.88** | **$94.06** | **$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 | **$125.84** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 34.7% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.47 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3042 | 1.3617 |
| Quarterly Medicaid CMI: | 1.2612 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.2794 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.2794 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $96.68 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $163.32 | $96.68 | $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 | $2.42 | $2.42 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.93 | $1.93 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.98 | $4.88 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$186.30** | **$101.56** | **$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 | **$126.90** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 48.6% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.08 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.4711 | 1.3617 |
| Quarterly Medicaid CMI: | 1.7497 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.7826 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.7826** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $84.32 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $147.02 | $84.32 | $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 | $4.64 | $4.64 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Slfng Add-on | $1.69 | $1.69 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.96 | $6.86 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$171.98** | **$91.18** | **$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 | **$116.16** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 40.4% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.83 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5593 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4117 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4359 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.4359 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $64.41 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $130.18 | $64.41 | $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 = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.61 | $1.61 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.29 | $1.29 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.16 | $3.43 | $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 | **$151.34** | **$67.84** | **$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 | **$100.68** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 46.3% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.13 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.1990 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4380 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4623 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.4623 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $101.85 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $178.41 | $101.85 | $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 | $5.60 | $5.60 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.06 | $3.06 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $26.92 | $9.19 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$205.33** | **$111.04** | **$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 | **$141.17** | | | | | | | | | |

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: 04/01/20
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|
| Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.4742 | 1.3699 |
| Qtrly BIMS score | 41.0% | 2.5% | Quarterly Medicaid CMI: | 1.2867 | 1.4569 |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.41 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.3064 | 1.4820 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.3064 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $69.30 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $142.01 | $69.30 | $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 | $1.73 | $1.73 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.08 | $2.08 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.07 | $4.34 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$164.08** | **$73.64** | **$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 | **$110.24** | | | | | | | | | |

# Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Riverview Health & Rehab Ctr**
Prvdr ID: **00040741A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **04/01/20**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| BIMS: | 23.4% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.89 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2970 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3925 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4141 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | 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 | | | 1.4141 | | | | | | | *(FRV Rate)* | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | $108.90 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | $208.86 | $108.90 | | $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% to Routine Srvs) | | $1.09 | $1.09 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% | | $2.18 | $2.18 | | | | | | | | |
| | Nursing Home Provider Fee | | $17.10 | | | | | | 17.10 | | | |
| | **Total Quarterly Per Diem Add-On Amounts** | | $20.37 | | | | | | | | | |
| | **Quarterly Case Mix Based Per Diem Rate** | | $229.22 | $112.17 | | $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%** | $159.09 | | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|
| Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.4576 | 1.3617 |
| Qtrly BIMS score | 46.9% | 5.5% | Quarterly Medicaid CMI: | 1.6767 | 1.4820 |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.15 | 2.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.7075 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | ***1*** | ***1*** | ***2*** | ***1*** | ***1*** | ***1*** | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.7075** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $66.08 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $122.20 | $66.08 | $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 | $3.63 | $3.63 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.32 | $1.32 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.58 | $5.48 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$145.78** | **$71.56** | **$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 | **$96.51** | | | | | | | | | |
| 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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 27.9% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.89 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.6517 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4277 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4528 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.4528 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $80.21 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $162.68 | $80.21 | $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 | $0.80 | $0.80 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.41 | $2.41 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.47 | $3.74 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$184.15** | **$83.95** | **$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 | **$125.29** | | | | | | | | | |

# Quarterly Case Mix Per Diem Calculation

**FINAL**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Provider: **Rockmart Health** | | | Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | | Facility Specific | State-wide |
| Prvdr ID: **003182988A** | | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | | Use Stwd | 1.3617 |
| H/B ?: No | Case Mix Per Diem Rate Effective Date: | 04/01/20 | BIMS: | 38.9% | 2.5% | Quarterly Medicaid CMI: | | 1.7409 | 1.4347 |
| | MDS & Nurse Hrs Data per Quarter Ending: | 12/31/19 | Nurse Hours per On-Site Day/Quality Incentive: | 3.55 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | | 1.7742 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | 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 | | | 1.7742 | | | | | | | *(FRV Rate)* | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | $129.45 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | $202.95 | $129.45 | | $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) | | $3.24 | $3.24 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% | | $3.88 | $3.88 | | | | | | | | |
| | Nursing Home Provider Fee | | $17.10 | | | | | | 17.1 | | | |
| | **Total Quarterly Per Diem Add-On Amounts** | | $24.22 | | | | | | | | | |
| | **Quarterly Case Mix Based Per Diem Rate** | | $227.17 | $136.57 | | $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%** | $157.55 | | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|
| Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.6744 | 1.3617 |
| Qtrly BIMS score | 24.5% | 1.0% | Quarterly Medicaid CMI: | 1.6050 | 1.4820 |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.69 | 2.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.6332 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.6332 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $90.95 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $163.20 | $90.95 | $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 | $0.91 | $0.91 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.82 | $1.82 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $20.99 | $3.26 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$184.19** | **$94.21** | **$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 | **$125.32** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 32.1% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.46 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5200 | 1.3617 |
| Quarterly Medicaid CMI: | 1.7480 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.7814 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.7814** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $92.33 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $159.78 | $92.33 | $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 - 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 | $2.31 | $2.31 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.85 | $1.85 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.42 | $4.69 | $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 | **$182.20** | **$97.02** | **$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 | **$123.83** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 28.6% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.80 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5874 | 1.3617 |
| Quarterly Medicaid CMI: | 1.6853 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.7152 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | ***1*** | ***1*** | ***2*** | ***1*** | ***1*** | ***1*** | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.7152** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $122.59 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $201.64 | $122.59 | $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 | $1.23 | $1.23 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.68 | $3.68 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.17 | $5.44 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$224.81** | **$128.03** | **$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 | **$155.78** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 51.3% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.07 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2404 | 1.3617 |
| Quarterly Medicaid CMI: | 1.6078 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6378 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.6378 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $106.90 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $180.83 | $106.90 | $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 | $5.88 | $5.88 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.14 | $2.14 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $26.65 | $8.55 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$207.48** | **$115.45** | **$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 | **$142.79** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 43.2% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.70 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2961 | 1.3617 |
| Quarterly Medicaid CMI: | 1.2919 | 1.4820 |
| Qtrly Mcaid CMI w RUG Wght Options: | 1.3079 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.3079** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $97.49 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $179.11 | $97.49 | $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 | $2.44 | $2.44 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.92 | $2.92 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.77 | $5.89 | $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 | **$202.88** | **$103.38** | **$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 | **$139.34** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 44.1% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.53 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.6341 | 1.4014 |
| Quarterly Medicaid CMI: | 1.6051 | 1.4569 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6339 | 1.4820 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | 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 | | 1.6339 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $135.79 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $214.00 | $135.79 | $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 = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $3.39 | $3.39 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.72 | $2.72 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.84 | $6.11 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$237.84** | **$141.90** | **$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 | **$165.56** | | | | | | | | | |

# Quarterly Case Mix Per Diem Calculation

**FINAL**

| | | | | Facility Score | Add-on Percent | | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|---|
| Provider: **Sadie G. Mays Health & Rehab Center** | | | Add-on Data and Percentages | | | Case Mix Index (CMI) Data | | |
| Prvdr ID: **00141842A** | | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.3125 | 1.3617 |
| H/B ?: No | Case Mix Per Diem Rate Effective Date: | 04/01/20 | BIMS: | 52.2% | 5.5% | Quarterly Medicaid CMI: | 1.3662 | 1.4347 |
| | MDS & Nurse Hrs Data per Quarter Ending: | 12/31/19 | Nurse Hours per On-Site Day/Quality Incentive: | 3.35 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.3889 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | 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 | | | 1.3889 | | | | | | | *(FRV Rate)* | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | $101.34 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | $178.93 | $101.34 | | $18.79 | $23.56 | | $20.97 | $2.89 | $10.84 | $0.54 |
| | **Quarterly Per Diem Add-On Amounts** | | | | | | | | | | | |
| | BIMS Add-on Per Diem = 5.5% to Routine Srvs) | | $5.57 | $5.57 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% | | $3.04 | $3.04 | | | | | | | | |
| | Nursing Home Provider Fee | | $0.00 | | | | | | 0 | | | |
| | **Total Quarterly Per Diem Add-On Amounts** | | $8.61 | | | | | | | | | |
| | **Quarterly Case Mix Based Per Diem Rate** | | **$187.54** | **$109.95** | | **$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%** | **$140.66** | | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 55.3% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.27 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.1996 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3822 | 1.4820 |
| Qtrly Mcaid CMI w RUG Wght Options: | 1.4052 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.4052 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $97.73 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $166.54 | $97.73 | $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 | $5.38 | $5.38 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.95 | $1.95 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $25.96 | $7.86 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$192.50** | **$105.59** | **$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 | **$131.55** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|
| Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.3690 | 1.3617 |
| Qtrly BIMS score | 37.4% | 2.5% | Quarterly Medicaid CMI: | 1.5061 | 1.4820 |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.46 | 2.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.5302 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.5302** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $101.24 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $179.72 | $101.24 | $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 | $2.53 | $2.53 | | | | | | | | |
| 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 | $22.81 | $5.08 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$202.53** | **$106.32** | **$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 | **$139.07** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 34.6% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.67 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3422 | 1.3617 |
| Quarterly Medicaid CMI: | 1.6092 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6378 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | ***1*** | ***1*** | ***2*** | ***1*** | ***1*** | ***1*** | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.6378** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $102.74 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $175.90 | $102.74 | $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 = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.57 | $2.57 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.05 | $2.05 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.25 | $5.15 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$199.15** | **$107.89** | **$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 | **$136.54** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 40.3% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 4.53 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2990 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5890 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6168 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.6168 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $106.43 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $178.30 | $106.43 | $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 = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.66 | $2.66 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.13 | $2.13 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.42 | $5.32 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$201.72** | **$111.75** | **$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 | **$138.47** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 27.5% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 4.58 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2760 | 1.3617 |
| Quarterly Medicaid CMI: | 1.1961 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.2126 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | 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 | | **1.2126** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $91.55 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $183.95 | $91.55 | $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 = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.92 | $0.92 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.75 | $2.75 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.30 | $4.20 | $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 | **$205.25** | **$95.75** | **$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 | **$141.11** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 21.2% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.43 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2904 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4971 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5234 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | 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 | | 1.5234 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $123.50 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $215.38 | $123.50 | $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 | $1.24 | $1.24 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.71 | $3.71 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $0.00 | | | | | | $0.00 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $5.58 | $4.95 | $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 | **$220.96** | **$128.45** | **$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 | **$165.72** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| 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: | 4.37 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2093 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3180 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3381 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.3381 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $108.48 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $194.96 | $108.48 | $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 | $2.71 | $2.71 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.17 | $2.17 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.20 | $4.88 | $0.00 | $0.22 | $0.00 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$217.16** | **$113.36** | **$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 | **$150.05** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 32.4% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.62 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5246 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5221 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5496 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.5496 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $110.77 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $198.74 | $110.77 | $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 - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.77 | $2.77 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.22 | $2.22 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.25 | $5.52 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$221.99** | **$116.29** | **$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 | **$153.67** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| 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: | 3.52 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.4557 | 1.3617 |
| Quarterly Medicaid CMI: | 1.7120 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.7432 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.7432 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $130.62 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $212.33 | $130.62 | $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 = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $3.27 | $3.27 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.92 | $3.92 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $25.23 | $7.72 | $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 | **$237.56** | **$138.34** | **$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 | **$165.35** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 17.2% | 0.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.48 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.6565 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4792 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5042 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.5042 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $85.80 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $153.58 | $85.80 | $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 = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.57 | $2.57 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $20.83 | $3.10 | $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 | **$174.41** | **$88.90** | **$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 | **$117.98** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 37.2% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.06 | 0.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 0.9535 | 1.3617 |
| Quarterly Medicaid CMI: | 0.9676 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 0.9771 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | ***1*** | ***1*** | ***2*** | ***1*** | ***1*** | ***1*** | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **0.9771** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $43.92 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $98.81 | $43.92 | $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 | $1.10 | $1.10 | | | | | | | | |
| 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 | $19.73 | $1.63 | $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 | **$118.54** | **$45.55** | **$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 | **$76.08** | | | | | | | | | |
| 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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| 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: | 3.51 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5267 | 1.4014 |
| Quarterly Medicaid CMI: | 1.6012 | 1.4569 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6304 | 1.4820 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operalns & 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 | | 1.6304 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $132.34 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $209.69 | $132.34 | $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 | $3.31 | $3.31 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.65 | $2.65 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.22 | $6.49 | $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 | **$233.91** | **$138.83** | **$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 | **$162.61** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 36.8% | 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: | 1.4974 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5847 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6112 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.6112 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $116.28 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $198.65 | $116.28 | $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 | $2.91 | $2.91 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.49 | $3.49 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.66 | $6.93 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$223.31** | **$123.21** | **$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 | **$154.66** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 32.0% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.79 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5242 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4157 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4383 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.4383** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $68.07 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $130.40 | $68.07 | $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 | $1.70 | $1.70 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Slfng Add-on | $1.36 | $1.36 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.69 | $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 | **$152.09** | **$71.66** | **$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 | **$101.24** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 25.0% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.15 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.0832 | 1.3617 |
| Quarterly Medicaid CMI: | 1.1781 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.1951 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.1951 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $79.68 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $142.99 | $79.68 | $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 = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.80 | $0.80 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.39 | $2.39 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.82 | $3.72 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$164.81** | **$83.40** | **$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 | **$110.78** | | | | | | | | | |

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: 4/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| 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: | 7.77 | 0.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 2.4830 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4569 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4820 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | 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 | | 1.4820 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $116.80 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $207.71 | $116.80 | $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 | **$225.56** | **$117.33** | **$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 | **$156.35** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 36.0% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.63 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.6519 | 1.3617 |
| Quarterly Medicaid CMI: | 1.6175 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6493 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.6493** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $132.59 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $238.91 | $132.59 | $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 | $3.31 | $3.31 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.65 | $2.65 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.92 | $6.41 | $0.00 | $0.00 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$262.83** | **$139.00** | **$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 | **$184.30** | | | | | | | | | |

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: **4/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 45.7% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 4.27 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3692 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5133 | 1.4820 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5395 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | **1.5395** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $101.82 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $183.64 | $101.82 | $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 ([SInd - 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 | $5.60 | $5.60 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.05 | $3.05 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $27.06 | $9.18 | $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 | **$210.70** | **$111.00** | **$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 | **$145.20** | | | | | | | | | |

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**

| | | Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|
| | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.1798 | 1.3617 |
| Case Mix Per Diem Rate Effective Date: | 4/1/2020 | Qtrly BIMS score | 30.4% | 2.5% | Quarterly Medicaid CMI: | 1.4747 | 1.4820 |
| MDS & Nurse Hrs Data per Quarter Ending: | 12/31/19 | Nurse Hours per On-Site Day/Quality Incentive: | 3.02 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.5031 | 1.4569 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$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 | | 1.5031 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $85.14 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $142.32 | $85.14 | $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 | $2.13 | $2.13 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.55 | $2.55 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.31 | $5.21 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$165.63** | **$90.35** | **$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 | **$111.40** | | | | | | | | | |